

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90032 037 ***150.00

DOCUMENT # S99694

1. Corporation Name
TCW DEVELOPMENT CORP.

Principal Place of Business
ATTN. FINANCIAL SERVICES
400 SECOND AVE S
MINNEAPOLIS MN 55401

Mailing Address
ATTN. FINANCIAL SERVICES
400 SECOND AVE S
MINNEAPOLIS MN 55401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/12/1991

4. FEI Number
41-1712761

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIERCE, SCOTT
OLD REPUBLIC NATIONAL TITLE INSURANCE CO
100 S ASHLEY DR, SUITE 700
TAMPA FL 33062-5300

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE AS
NAME FYLE, NATALIE
STREET ADDRESS 12248 KILLDEER ST NW
CITY-ST-ZIP COON RAPIDS MN

1.1 TITLE AS
1.2 NAME HAVISTO, KRISTEN
1.3 STREET ADDRESS 5458 ORCHARD AVE N
1.4 CITY-ST-ZIP CRYSTAL MN

TITLE EVP
NAME PILSKALN, H
STREET ADDRESS 56 KRIKOR DR
CITY-ST-ZIP N FALMOUTH MA

2.1 TITLE VP
2.2 NAME CHIPINSKI, ROBERT L.
2.3 STREET ADDRESS 14813 WILLIAMSBURG CURVE
2.4 CITY-ST-ZIP BURNSVILLE MN

TITLE VPSD
NAME GREGORY, C G
STREET ADDRESS 5978 N HOBE CT
CITY-ST-ZIP WHITE BEAR LAKE MN

3.1 TITLE AT
3.2 NAME MUELLER, MICHAEL G.
3.3 STREET ADDRESS 9569 YORKSHIRE LANE
3.4 CITY-ST-ZIP EDEN PRAIRIE MN

TITLE VPTD
NAME CLEVELAND, J B
STREET ADDRESS 10578 WELLINGTON LN
CITY-ST-ZIP MAPLE GROVE MN

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VP
NAME PIERCE, S
STREET ADDRESS 15101 GREENHORN WAY
CITY-ST-ZIP TAMPA FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE P/D
NAME Cecchetti, R.A.
STREET ADDRESS 2707 Panama Ave
CITY-ST-ZIP Prior Lake MN

6.1 TITLE AS
6.2 NAME Stoltzfus, J.B.
6.3 STREET ADDRESS 6050 Westbrook Rd
6.4 CITY-ST-ZIP Golden Valley MN

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.B. Cleveland Vice President & Treasurer 1-19-99

Date Daytime Phone #

CR2E034 (1/98)