

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90044 039 \*\*\*150.00

**DOCUMENT # S99694**

1. Entity 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

**50013862**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number  
41-1712761

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. 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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AT  
MUELLER, MICHAEL G  
9569 YORKSHIRE LANE  
EDEN PRAIRIE, MN ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
HAVISTO, KRISTEN  
5458 ORCHARD AVE N  
CRYSTAL, MN ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
DAN, WOLD  
5440 VERNON AVE  
EDINA, MA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
Dan Wold  
4657 Island View Drive  
Mound, MN ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPTD  
Cleaveland, J B  
19661 Hudson Circle  
Elk River, MN ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
CHIPINSKI, ROBERT L  
14813 WILLIAMSBURG CURVE  
BURNSVILLE, MN ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 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

2/8/05

Daytime Phone #

612.371.1111  
EXT 124