

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91295 032 \*\*\*150.00

0649993 AT

**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

**11023819**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

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

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

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

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

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

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

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

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

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

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

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

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:

*J.B. Cleveland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/03**  
Date

**612-371-1111 X1241**  
Daytime Phone #

CR2E034 (10/02)