

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -7 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P33481 (3)

1. Corporation Name
WASHINGTON SQUARE SECURITIES, INC.

Principal Place of Business: **20 WASHINGTON AVENUE SOUTH MINNEAPOLIS MN 55401**
Mailing Address: **20 WASHINGTON AVENUE SOUTH MINNEAPOLIS MN 55401**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/09/1991** 3a. Date of Last Report: **04/18/1994**
4. FEI Number: **41-0945505** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85 Zip Code** **FL**

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: _____ (NOTE: Registered Agent signature required when changing) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	DUBES, MICHAEL J.
STREET ADDRESS	20 WASHINGTON AVE SOUTH
CITY-ST-ZIP	MINNEAPOLIS MN
TITLE	D
NAME	WISHART, STEVEN W.
STREET ADDRESS	20 WASHINGTON AVE SOUTH
CITY-ST-ZIP	MINNEAPOLIS MN
TITLE	PD
NAME	MASTERTSON, MICHAEL M.
STREET ADDRESS	20 WASHINGTON AVE SOUTH
CITY-ST-ZIP	MINNEAPOLIS MN
TITLE	VD
NAME	SANNER, ROYCE S.
STREET ADDRESS	20 WASHINGTON AVE SOUTH
CITY-ST-ZIP	MINNEAPOLIS MN
TITLE	S
NAME	FISCHER, MICHAEL S.
STREET ADDRESS	20 WASHINGTON AVE SOUTH
CITY-ST-ZIP	MINNEAPOLIS MN
TITLE	T
NAME	HARTTEN, RANDY J.
STREET ADDRESS	20 WASHINGTON AVE., SO.
CITY-ST-ZIP	MINNEAPOLIS MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HILL, DAVID F.
13 STREET ADDRESS	20 WASHINGTON AVE. SOUTH
14 CITY-ST-ZIP	MINNEAPOLIS, MN 55401
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	D/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	T
63 STREET ADDRESS	WILKEN, DAVID P.
64 CITY-ST-ZIP	20 WASHINGTON AVE. SOUTH MINNEAPOLIS, MN 55401

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *Michael Fanning* **MICHAEL FANNING 2/22/95 612-372-5756**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER OR DIRECTOR DATE TELEPHONE NUMBER



Washington Square Securities, Inc.

Washington Square Securities, Inc.
20 Washington Avenue South
Minneapolis, Minnesota 55401

Document #P33481 - Washington Square Securities, Inc - Continued

12. Additional Officers:

P
Michael R. Fanning
20 Washington Avenue South
Minneapolis, MN 55401