

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt #, etc; City & State; Zip; Country.

3. Date Incorporated or Qualified: **04/09/1991**
 3a. Date of Last Report: **03/07/1995**
 4. FEI Number: **41-0945505**
 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

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 (81-85) fields: Name, Street Address, City, 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: _____ (NOTE: Registered Agent's signature required when reappointing.) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: CO	<input checked="" type="checkbox"/> DELETE
NAME: HILL, DAVID F	
STREET ADDRESS: 20 WASHINGTON AVENUE SOUTH	
CITY - ST - ZIP: MINNEAPOLIS MN	
TITLE: D	<input type="checkbox"/> DELETE
NAME: WISHART, STEVEN W.	
STREET ADDRESS: 20 WASHINGTON AVE SOUTH	
CITY - ST - ZIP: MINNEAPOLIS MN	
TITLE: DCEO	<input checked="" type="checkbox"/> DELETE
NAME: MASTERTSON, MICHAEL M.	
STREET ADDRESS: 20 WASHINGTON AVE SOUTH	
CITY - ST - ZIP: MINNEAPOLIS MN	
TITLE: VD	<input checked="" type="checkbox"/> DELETE
NAME: SANNER, ROYCE S.	
STREET ADDRESS: 20 WASHINGTON AVE SOUTH	
CITY - ST - ZIP: MINNEAPOLIS MN	
TITLE: S	<input checked="" type="checkbox"/> DELETE
NAME: FISCHER, MICHAEL S.	
STREET ADDRESS: 20 WASHINGTON AVE SOUTH	
CITY - ST - ZIP: MINNEAPOLIS MN	
TITLE: T	<input type="checkbox"/> DELETE
NAME: WILKEN, DAVID P	
STREET ADDRESS: 20 WASHINGTON AVE., SO.	
CITY - ST - ZIP: MINNEAPOLIS MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE: P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME: FANNING, MICHAEL R	
13 STREET ADDRESS: 20 WASHINGTON AVE S.	
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: CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME: JOHN H. FLITTIE	
33 STREET ADDRESS: 20 WASHINGTON AVE S.	
34 CITY - ST - ZIP: MINNEAPOLIS, MN 55401	
41 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME: ROBERT C. SALIPANTE	
43 STREET ADDRESS: 20 WASHINGTON AVE S.	
44 CITY - ST - ZIP: MINNEAPOLIS, MN 55401	
51 TITLE: S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME: BERGEN, SUSAN M	
53 STREET ADDRESS: 20 WASHINGTON AVE S.	
54 CITY - ST - ZIP: MINNEAPOLIS, MN 55401	
61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME:	
63 STREET ADDRESS:	
64 CITY - ST - ZIP:	

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 119.07(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 617, Florida Statutes, and that my name appears in Block 9 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **6/21/96** TELEPHONE: **612-372-8009 5507**

CR2E034 (3/96)