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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 55401-1808**

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-29)

3. Date Incorporated or Qualified: **04/09/1991**

3a. Date of Last Report: **06/26/1996**

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)

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 reissuing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HILL, DAVID F	
STREET ADDRESS	FANNING, MICHAEL R	
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 55401	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	FLITTE, JOHN H	
STREET ADDRESS	20 WASHINGTON AVE SOUTH	
CITY-ST-ZIP	MINNEAPOLIS MN 55401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SALIPANTE, ROBERT C	
STREET ADDRESS	20 WASHINGTON AVE SOUTH	
CITY-ST-ZIP	MINNEAPOLIS MN 55401	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BERGEN, SUSAN M	
STREET ADDRESS	20 WASHINGTON AVE SOUTH	
CITY-ST-ZIP	MINNEAPOLIS MN 55401	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILKEN, DAVID P	
STREET ADDRESS	20 WASHINGTON AVE., SO.	
CITY-ST-ZIP	MINNEAPOLIS MN 55401	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	R	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GELDER, JAMES	
1.3 STREET ADDRESS	20 WASHINGTON AVE. SOUTH	
1.4 CITY-ST-ZIP	MINNEAPOLIS MN 55401	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: _____

CR2E034 (9/96)