

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		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
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 04/09/1991	4. FEI Number 41-0945505	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GELDER, JAMES	
STREET ADDRESS	20 WASHINGTON AVE. SOUTH	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WISHART, STEVEN W.	
STREET ADDRESS	20 WASHINGTON AVE SOUTH	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	FLUTTIE, JOHN H	
STREET ADDRESS	20 WASHINGTON AVE SOUTH	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SALIPANTE, ROBERT C	
STREET ADDRESS	20 WASHINGTON AVE SOUTH	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BERGEN, SUSAN M	
STREET ADDRESS	20 WASHINGTON AVE SOUTH	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	T	<input checked="" 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

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P Gellvey A. Montgomery
1.3 STREET ADDRESS	20 Washington Ave. So.
1.4 CITY-ST-ZIP	Minneapolis, MN
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Wayne Huneke
2.3 STREET ADDRESS	20 Washington Ave. So
2.4 CITY-ST-ZIP	Minneapolis, MN
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 checked="" type="checkbox"/> Addition
6.2 NAME	T Margaret B. Wall
6.3 STREET ADDRESS	20 Washington Ave. So.
6.4 CITY-ST-ZIP	Minneapolis, MN

14. 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 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 (10/97)