

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90023 048 ***158.75

0566528

DOCUMENT # P33481
 1. Entity Name
WASHINGTON SQUARE SECURITIES, INC.

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

7 4 0 1 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **41-0945505** 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
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | MONTGOMERY, JEFFREY | |
| STREET ADDRESS | 20 WASHINGTON AVE SO | |
| CITY-ST-ZIP | MINNEAPOLIS MN | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HUNEKE, WAYNE | |
| STREET ADDRESS | 20 WASHINGTON AVE SOUTH | |
| CITY-ST-ZIP | MINNEAPOLIS MN | |
| TITLE | CD | <input checked="" type="checkbox"/> Delete |
| NAME | FLITTIE, JOHN H | |
| STREET ADDRESS | 20 WASHINGTON AVE SOUTH | |
| CITY-ST-ZIP | MINNEAPOLIS MN | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SALIPANTE, ROBERT C | |
| STREET ADDRESS | 20 WASHINGTON AVE SOUTH | |
| CITY-ST-ZIP | MINNEAPOLIS MN | |
| TITLE | S | <input checked="" 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 | WALL, MARGARET B | |
| STREET ADDRESS | 20 WASHINGTON AVE., SO. | |
| CITY-ST-ZIP | MINNEAPOLIS MN | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------------|--|
| TITLE | President / CEO / Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Michael J. Dubes | |
| STREET ADDRESS | 20 Washington Ave. S. | |
| CITY-ST-ZIP | Minneapolis, MN 55401 | |
| TITLE | VP / Chief Compliance Officer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Seth Schwartz | |
| STREET ADDRESS | 20 Washington Ave. S. | |
| CITY-ST-ZIP | Minneapolis, MN 55401 | |
| TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Paula Cludray-Engelke | |
| STREET ADDRESS | 20 Washington Ave. S. | |
| CITY-ST-ZIP | Minneapolis, MN 55401 | |
| TITLE | COO / Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Daniel S. Kuntz | |
| STREET ADDRESS | 20 Washington Ave. S. | |
| CITY-ST-ZIP | Minneapolis, MN 55401 | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Brian Nysgaard | |
| STREET ADDRESS | 1700 March Tower | |
| CITY-ST-ZIP | 3424 Peachtree Rd NE Atlanta GA 30326 | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Miles Gordon | |
| STREET ADDRESS | 2700 SkyPark Drive #3 | |
| CITY-ST-ZIP | Torrance CA 90505 | |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Seth Schwartz 4.2.01 612.372.5507
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)