

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90137 013 ***558.75

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **41-0945505** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	POED EVP & DIRECTOR	<input type="checkbox"/> Delete		TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DUBES, MICHAEL J			NAME	BARBARA STEWART		
STREET ADDRESS	20 WASHINGTON AVENUE SOUTH			STREET ADDRESS	20 WASHINGTON AVES.		
CITY-ST-ZIP	MINNEAPOLIS MN 55401			CITY-ST-ZIP	MINNEAPOLIS MN 55401		
TITLE	VPCO	<input checked="" type="checkbox"/> Delete		TITLE	CHM/CEO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCHWARTZ, SETH			NAME	MARC LIEBERMAN		
STREET ADDRESS	20 WASHINGTON AVENUE SOUTH			STREET ADDRESS	20 WASHINGTON AVES.		
CITY-ST-ZIP	MINNEAPOLIS MN 55401			CITY-ST-ZIP	MINNEAPOLIS MN 55401		
TITLE	S	<input type="checkbox"/> Delete		TITLE	VPICCO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CLUDRAY-ENGELKE, PAULA			NAME	THOMAS K. RIPPBERGER		
STREET ADDRESS	20 WASHINGTON AVE SOUTH			STREET ADDRESS	20 WASHINGTON AVES		
CITY-ST-ZIP	MINNEAPOLIS MN 55401			CITY-ST-ZIP	MINNEAPOLIS, MN 55401		
TITLE	CFOT	<input type="checkbox"/> Delete		TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KUNTZ, DANIEL S			NAME	JOHN SIMMERS		
STREET ADDRESS	20 WASHINGTON AVE SOUTH			STREET ADDRESS	2700 SKYPARK DR. #3		
CITY-ST-ZIP	MINNEAPOLIS MN 55401			CITY-ST-ZIP	TORRANCE CA 90505		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	VPICCO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NUGAARD, BRIAN			NAME	KENNETH SEVERUP		
STREET ADDRESS	1900 MONARCH TOWER			STREET ADDRESS	20 WASHINGTON AVES		
CITY-ST-ZIP	ATLANTA GA 30326			CITY-ST-ZIP	MINNEAPOLIS MN 55401		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GORDON, MILES			NAME			
STREET ADDRESS	2700 SKYPARK DRIVE #3			STREET ADDRESS			
CITY-ST-ZIP	TORRANCE CA 90505			CITY-ST-ZIP			

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: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-02

6123423971

Date Daytime Phone #

CR2E034 (4/02)