

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P33481

1. Entity Name
WASHINGTON SQUARE SECURITIES, INC.



80055588

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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



CHECK HERE IF MAKING CHANGES

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

SIGNATURE _____ (NOTE: Registered Agent's signature required when resigning) DATE _____

FILE NOW! Filing is \$160.00
 After May 1, 2003 fees will be \$500.00
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCED DUBES, MICHAEL J 20 WASHINGTON AVENUE SOUTH MINNEAPOLIS, MN 55401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF OPERATIONS OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KENNETH SEVERUD 20 WASHINGTON AVE S MINNEAPOLIS MN 55401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEWART, BARBARA 20 WASHINGTON AVENUE SOUTH MINNEAPOLIS, MN 55404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN SIMMERS 2780 SKYPARK DR STE 300 TORRANCE CA 90505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLUDRAY-ENGELKE, PAULA 20 WASHINGTON AVE SOUTH MINNEAPOLIS, MN 55401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF COMPLIANCE OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition THOMAS RIPPERGER 20 WASHINGTON AVE S MINNEAPOLIS MN 55401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT KUNTZ, DANIEL S 20 WASHINGTON AVE SOUTH MINNEAPOLIS, MN 55401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSIST. VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition THAD JAGERSOLL 20 WASHINGTON AVE S MINNEAPOLIS MN 55401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO LIEBERMAN, MARC 20 WASHINGTON AVE S MINNEAPOLIS, MN 66401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR. VP + CHIEF MARKETING OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KAREN BECKER-GEMMILL 20 WASHINGTON AVE S MINNEAPOLIS MN 55401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, MILES 2700 SKYPARK DRIVE #3 TORRANCE, CA 90506 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **BARBARA STEWART 3/11/03 612-372-5507**

CH20034 (1/02)