

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 JAN 30 AM 9: 23

**DOCUMENT # 734061 (5)**

1. Corporation Name  
**CRIMINAL AND JUVENILE JUSTICE INTERNATIONAL, INC**

Principal Place of Business 381 SOUTH OWASSO BLVD. ROSEVILLE MN 55113	Mailing Address 381 SOUTH OWASSO BLVD ROSEVILLE MN 55113 US
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>10/14/1975</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>51-0187430</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**SCHEMBERA, JEFF**  
**676 NAUTILUS COURT**  
**UNIT 7M**  
**FT. WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROWAN, JOSEPH R.
STREET ADDRESS	381 SOUTH OWASSO BLVD.
CITY - ST - ZIP	ROSEVILLE MN
TITLE	D
NAME	MAHONEY, MICHAEL J.
STREET ADDRESS	67 E. MADISON, SUITE 1416
CITY - ST - ZIP	CHICAGO IL
TITLE	CD
NAME	COSTELLO, HOWARD J.
STREET ADDRESS	2140 OVERLAKE RD.
CITY - ST - ZIP	WHITE BEAR LAKE MN
TITLE	D
NAME	POWERS, SANGER B.
STREET ADDRESS	3300 VISTA ROAD
CITY - ST - ZIP	GREEN BAY WI
TITLE	VCD
NAME	KEHOE, CHARLES J.
STREET ADDRESS	11805 HEATHMERE CRESCENT
CITY - ST - ZIP	MIDLOTHIAN VA
TITLE	STD
NAME	SCHEMBERA, JEFF
STREET ADDRESS	676 NAUTILUS CT. UNIT 7M
CITY - ST - ZIP	FT. WALTON BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph R. Rowan Pres./1/23/94 (612) v  
 (SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date  
Joseph R. ROWAN 481-9644  
 007481