

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified: 10/14/1975
3a. Date of Last Report: 01/30/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	51-0187430	Not Applicable
23	City & State	28	City & State	6.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	7.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWAN, JOSEPH R.	1.2 NAME	
STREET ADDRESS	381 SOUTH OWASSO BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEVILLE MN	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONEY, MICHAEL J.	2.2 NAME	Mahoney, Michael
STREET ADDRESS	67 E. MADISON, SUITE 1416	2.3 STREET ADDRESS	59 E. Van Buren, Suite 1600
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	Chicago, IL 60605
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, HOWARD J.	3.2 NAME	Costello, Howard J.
STREET ADDRESS	2140 OVERLAKE RD.	3.3 STREET ADDRESS	1325 McKusick Rd. Lane No,
CITY-ST-ZIP	WHITE BEAR LAKE MN	3.4 CITY-ST-ZIP	Stillwater, MN 55082
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, SANGER B.	4.2 NAME	
STREET ADDRESS	3300 VISTA ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN BAY WI	4.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEHOE, CHARLES J.	5.2 NAME	
STREET ADDRESS	11805 HEATHMERE CRESCENT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIDLOTHIAN VA	5.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEMBERA, JEFF	6.2 NAME	
STREET ADDRESS	676 NAUTILUS CT. UNIT 7M	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BCH FL	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 119.07(3)(k), 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 617, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 19, 1996 (612) 481-9644

Date

Daytime Phone #

CR2E037 (12/95)