

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 55113-2119 US
---	--

3. Date Incorporated or Qualified 10/14/1975	3a. Date of Last Report 02/26/1996
--	--

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

4. FEI Number 51-0187430	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 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 _____ (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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONEY, MICHAEL J.	2.2 NAME	
STREET ADDRESS	59 E VAN BUREN SUITE 1600	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, HOWARD J.	3.2 NAME	
STREET ADDRESS	1325 MCKISICK RD LANE NO	3.3 STREET ADDRESS	
CITY-ST-ZIP	STILLWATER MN	3.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, President/CFO** *Joseph R. Rowan* 1/23/97 (612)481-9644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # **0078270**

CR2E037 (9/96)