2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857328

Entity Name: MULTI-FINANCIAL SECURITIES CORPORATION

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1290 BROA DENVER, C		JS				
Current Mailing Address:				New Mailing Address:		
20 WASHINGTON AVENUE SOUTH MINNEAPOLIS, MN 55401 US			20 WASHINGTON AVENUE SOUTH ROUTE 1226 MINNEAPOLIS, MN 55401 US			
FEI Number: 84-0858799 FEI Number Applied For () FEI Number			nber Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CT. CORPORATION SYSTEM 8751 W. BROWARD BLVD. PLANTATION, FL 33324 US				CT. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US		
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.						
SIGNATURE: JEANNE NELSON				04/23/2009		
Electronic Signature of Registered Agent						Date
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SVP () I HARRISON, BRE 1290 BROADWA DENVER, CO 80	Y		Title: Name: Address: City-St-Zip:	()(Change ()Addition
Title: Name: Address: City-St-Zip:	DP () I MCEVOY, PATRI 1290 BROADWA DENVER, CO 80	Y		Title: Name: Address: City-St-Zip:	P/D (X) 0 MCEVOY, PATRI 1290 BROADWA DENVER, CO 80	Y
Title: Name: Address: City-St-Zip:	D () [SIMMERS, JOHN 200 NORTH SEP EL SEGUNDO, C	ULVEDA RD		Title: Name: Address: City-St-Zip:	D (X) O MARR, N. MARK 200 NORTH SEP EL SEGUNDO, C	ULVEDA RD
Title: Name: Address: City-St-Zip:	PENDERGRASS	ERRY ROAD NW		Title: Name: Address: City-St-Zip:	PENDERGRASS	FERRY ROAD NW
Title: Name: Address: City-St-Zip:	S () [BENNER, JOY M 20 WASHINGTOI MINNEAPOLIS, M	N AVENUE S		Title: Name: Address: City-St-Zip:	()(Change()Addition
Title: Name: Address: City-St-Zip:	D () [CICCATI, RANDA 400 FIRST STRE ST. CLOUD, MN	ET SOUTH		Title: Name: Address: City-St-Zip:	NELSON, TINA M	N AVENUE SOUTH

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA M. NELSON AS 04/23/2009