


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90031 043 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000545

1. Corporation Name  
LIFEUSA SECURITIES, INC.



Principal Place of Business PO BOX 59060 MINNEAPOLIS MN 55459-0060	Mailing Address PO BOX 59060 MINNEAPOLIS MN 55459-0060
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 59177 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 55459-0177 25		2a. Mailing Address 26 P.O. Box 59177 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 55459-0177 30		3. Date Incorporated or Qualified 01/31/1997	
		4. FEI Number 41-1840929		Applied For 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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	C <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDONALD, ROBERT W	1.2 NAME	MacDonald, Robert W
STREET ADDRESS	422 LAFAYETTE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEEPHAVEN MN 55331	1.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, MARGERY G	2.2 NAME	Hughes, Margery
STREET ADDRESS	300 SO. HWY. 169	2.3 STREET ADDRESS	10 Willow Woods Dr.
CITY-ST-ZIP	MINNEAPOLIS MN 55426	2.4 CITY-ST-ZIP	Tonka Bay, MN 55331
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	Chairman, Secretary, President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZESBAUGH, MARK A	3.2 NAME	Zesbaugh, Mark
STREET ADDRESS	3973 TROTTER CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	EAGAN MN 55123	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Chief Operating Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUPPERT, BARDEA C	4.2 NAME	Tracy Gardner
STREET ADDRESS	417 N. LOCUST ST.	4.3 STREET ADDRESS	13030 12th Ave So.
CITY-ST-ZIP	PRESCOTT WI 54021	4.4 CITY-ST-ZIP	Plymouth, MN 55441
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBAUM, PHILIP B	5.2 NAME	Rosenbaum, Philip B
STREET ADDRESS	5417 NEWTON AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55419	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-99

Date

(612) 573-7101

Daytime Phone #

CR2E034 (11/98)

240416-9001-43  
F97000000545

**LifeUSA Securities  
Officers**

<b>Title</b>	<b>Name</b>	<b>Residence Address</b>
Vice President-Marketing	Walther, Corey J	5698 Birch Trail, Shoreview, MN 55126
Vice President-Compliance	Lyle, Timothy J	17645 27th Ave. No., Plymouth, MN 55447
Director	Bengtson, Bruce D	1848 Rolling Green Curve, Mendota Heights, MN 55118