

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90091 011 \*\*\*150.00

0608280 AT

**DOCUMENT # F97000000545**

1. Entity Name

**USALLIANZ SECURITIES, INC.**

Principal Place of Business

**5701 GOLDEN HILLS DR.  
 MINNEAPOLIS MN 55416  
 US.**

Mailing Address

**P.O. BOX 59177  
 MINNEAPOLIS MN 55459-0177**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**41-1840929**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MACDONALD, ROBERT W</b> <b>422 LAFAYETTE AVE.</b> <b>DEEPHAVEN MN 55331</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUGHES, MARGERY G</b> <b>10 WILLOW WOODS DR.</b> <b>TONKA BAY MN 55331</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>ZESBAUGH, MARK A</b> <b>3973 TROTTER CT.</b> <b>EAGAN MN 55123</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>GARDNER, TRACY</b> <b>13030 12TH AVE SOUTH.</b> <b>PLYMOUTH MN 55441</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ROSENBAUM, PHILIP B</b> <b>5417 NEWTON AVE</b> <b>MINNEAPOLIS MN 55419</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FARLEY, MICHAEL W</b> <b>16810 30TH AVE N</b> <b>PLYMOUTH MN 55447</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President, Chief Marketing, Director</b> <b>Sharon L. Adrian</b> <b>8491 Mission Hills Circle</b> <b>Chanhassen MN 55317</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer, CFO</b> <b>Kristi K. Bizer</b> <b>5125 West 59th St.</b> <b>Edina MN 55436</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President, Compliance</b> <b>John A. Kancans</b> <b>1784 W. Third St.</b> <b>White Bear Lake MN 55110</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>See attached</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**John A. Kancans**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**888-446-5872**

CR2E034 (9/01)

ATTACH DOC# F97000000545

340990

USAllianz Securities Officers		as of 12/31/2001	
Title	Last Name, First Middle	Residence Address	
President, CMO, Director	Adrian, Sharon Lee	8491 Mission Hills Circle, Chanhassen, MN 55317	
Treasurer, CFO	Bizer, Kristi Kay	5125 West 59th Street, Edina, MN 55436	
Vice President-Marketing	Walther, Corey Jay	8584 Drake Court, Chanhassen, MN 55317	
Senior Vice President - Sales	Scherbarth, Steven Richard	845 Great Oaks Trail, Eagan, MN 55123	
VP Compliance	Kancans, John Andrew	1784 West Third St., White Bear Lake, MN 55110	
Secretary, CAO	Trentor, John David	5224 Horizon Drive NE, Fridley, MN 55402	
Chairman	Kavitsky, Charles M.	4729 Annaway Dr., Edina, MN 55436	
Director	Gardner, Tracy Lynn	17535 45th Ave. N., Plymouth, MN 55446	
Shareholder	Allianz Life Insurance Co.	5701 Golden Hills Dr. Minneapolis, MN 55416	

Social Security #	Date Of Birth	% Of Own
376-76-8028	1/9/1965	0
390-84-0387	7/18/1964	0
505-84-7522	11/19/1970	0
365-56-3012	3/4/1950	0
468-68-1476	8/31/1953	0
394-76-3131	8/29/1960	0
164-40-1152	2/4/1952	0
473-74-4556	9/20/1963	0
41-1840929	NA	100