


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90054 031 \*\*\*150.00

<b>DOCUMENT # F97000000545</b>					
1. Entity Name <b>USALLIANZ SECURITIES, INC.</b>					
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 <b>41-1840929</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCMO	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADRAIN, SHARON L		NAME	Foley, Sharon L.	
STREET ADDRESS	8491 MISSION HILLS CIRLCE		STREET ADDRESS		
CITY-ST-ZIP	CHANHASSEN, MN 55317		CITY-ST-ZIP		
TITLE	VPM	<input checked="" type="checkbox"/> Delete	TITLE	VPM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTHER, COREY JAY		NAME	Scherbath Steve	
STREET ADDRESS	8584 DRAKE COURT		STREET ADDRESS		
CITY-ST-ZIP	CHANHASSEN, MN 55317		CITY-ST-ZIP		
TITLE	SVPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHERBARTH, STEVEN R		NAME		
STREET ADDRESS	845 GREAT OAKS TRAIL		STREET ADDRESS		
CITY-ST-ZIP	EAGAN, MN 56123		CITY-ST-ZIP		
TITLE	VPC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUFFORD, ANDREW		NAME		
STREET ADDRESS	117 TURNERS CROSSROAD S		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 55416		CITY-ST-ZIP		
TITLE	SCAO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRENTOR, JOHN DAVID		NAME		
STREET ADDRESS	6224 HORIZON DRIVE NE		STREET ADDRESS		
CITY-ST-ZIP	FRIDLEY, MN 55402		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3X), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Andrew Tufford</i>			SIGNATURE: <i>Andrew Tufford</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: 1-27-2004 888-446-5872		

CR2E034 (10/02)