0322 1999 - 90128 - 030

$150.00 - $150.00

PROTECTIVE GROUP

FILED
Mar 22, 1999 8:00 am
Secretary of State
03-22-1999 90128 030 ***150.00

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # F98000000168

1. Corporation Name
PROTECTIVE GROUP SECURITIES CORPORATION

Principal Place of Business	Mailing Address
301 4TH AVE S. #390 MINNEAPOLIS MN 55415-5146	301 4TH AVE S. #390 MINNEAPOLIS MN 55415-5146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1998

4. FEI Number: 41-1831059 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owns the current year Intangible Personal Property Tax. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

ZAFFINO, GARTH
5050 N. FEDERAL HWY.
LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent

31 Name: STEPHEN MOLINARI
32 Street Address (P.O. Box Number is Not Acceptable): SUITE 9-38 - 2201 WEST SAMPLE
33 ROAD
34 City: POMPANO BEACH FL 35 Zip Code: 33073

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: Stephen F. Molinari 4-1-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when filing/adding) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FLANNIGAN, MICHAEL		1.2 NAME		
STREET ADDRESS	20560 SUMMERVILLE RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	EXCELSIOR MN 55331		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, PHILIP		2.2 NAME		
STREET ADDRESS	9484 PAINTERS RIDGE		2.3 STREET ADDRESS		
CITY-ST-ZIP	EDEN PRAIRIE MN 55347		2.4 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COCHRANE, RICHARD		3.2 NAME		
STREET ADDRESS	3922 W. 49TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	EDINA MN 55424		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FITERMAN, MARTIN		4.2 NAME		
STREET ADDRESS	2525 CEDAR HILLS DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA MN 55305		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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: PHILIP R. WRIGHT 3/17/1999 612-305-0002
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/96)

TOTAL P.03