

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005703

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: CRI SECURITIES, LLC

**Current Principal Place of Business:**

400 ROBERT STREET NORTH  
ST PAUL, MN 55101

**New Principal Place of Business:**

**Current Mailing Address:**

400 ROBERT STREET NORTH  
ST PAUL, MN 55101

**New Mailing Address:**

FEI Number: 41-1612506

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RICHARDS, PHILLIP C  
Address: 2701 UNIVERSITY AVENUE  
City-St-Zip: MINNEAPOLIS, MN 55414

Title: MGR (X) Delete  
Name: RICHARDS, SCOTT H  
Address: 2701 UNIVERSITY AVENUE  
City-St-Zip: MINNEAPOLIS, MN 55414

Title: MGR ( ) Delete  
Name: ZACCARO, WARREN  
Address: 400 ROBERT STREET NORTH  
City-St-Zip: ST PAUL, MN 55101

Title: MGR ( ) Delete  
Name: CONNOLLY, GEORGE I  
Address: 400 ROBERT STREET NORTH  
City-St-Zip: ST PAUL, MN 55101

Title: MGR ( ) Delete  
Name: WILSON, LOYALL E  
Address: 400 ROBERT STREET NORTH  
City-St-Zip: ST. PAUL, MN 55101

Title: MGR ( ) Delete  
Name: CARPENTER, KIMBERLY K  
Address: 400 ROBERT STREEET N  
City-St-Zip: ST. PAUL, MN 55101

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KIMBERLY K CARPENTER

MGR

04/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date