3-14-95 B-2090-0

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 10:15

DOCUMENT # **P02758** **(1)**

1. Corporation Name
WASHINGTON SQUARE CAPITAL, INC.

Principal Place of Business	Mailing Address
100 WASHINGTON AVE S 800 MINNEAPOLIS MN 55401 US	100 WASHINGTON AVE S 800 MINNEAPOLIS MN 55401 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1984	3a. Date of Last Report: 02/18/1994
4. FEI Number: 41-1412933	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business — 21:
2a. Mailing Address — 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

CT CORPORATION SYSTEM
1200 S. 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: (Typed or printed name of registered agent and title if applicable) (Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	EVP/OC	☐ Change ☒ Addition
NAME	WISHART, STEVEN WILLIAM	12 NAME	Richard R. Crowl	
STREET ADDRESS	1957 SHERIDAN AVENUE S	13 STREET ADDRESS	20 Washington Ave S.	
CITY-ST-ZIP	MINNEAPOLIS MN	14 CITY-ST-ZIP	Mpls., MN 55401	
TITLE	D	21 TITLE	SVP + CFO	☐ Change ☒ Addition
NAME	FLITTIE, JOHN HOWARD	22 NAME	Hultgren, Arthur W.	
STREET ADDRESS	13970 OAKLAND PL	23 STREET ADDRESS	20 Washington Ave S.	
CITY-ST-ZIP	MINNETONKA MN	24 CITY-ST-ZIP	Mpls., MN 55401	
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	BROWN, RICHARD MCGLENARD	32 NAME		
STREET ADDRESS	1631 26TH STREET WEST	33 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN	34 CITY-ST-ZIP		
TITLE	EVP	41 TITLE		☐ Change ☐ Addition
NAME	KUK, KENNETH UDELL	42 NAME		
STREET ADDRESS	6306 MAPLE RIDGE	43 STREET ADDRESS		
CITY-ST-ZIP	EXCELSIOR MN	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	TURNER, JOHN GOSNEY	52 NAME		
STREET ADDRESS	6701 PARKWOOD LANE	53 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	SANNER, ROYCE N.	62 NAME		
STREET ADDRESS	4811 WESTMINSTER ROAD	63 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Richard M. Brown 2-8-95 612-372-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C97000 FP