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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P20779 (5)

**1. Corporation Name
C.R.I. SECURITIES, INC.**

**Principal Place of Business Mailing Address
400 N. ROBERT STREET 400 N. ROBERT STREET
ST. PAUL MN 55101 ST. PAUL MN 55101**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/07/1988 3a. Date of Last Report 04/27/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	41-1612506	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$0.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	24	25
Zip	Country	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	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 607.1505, 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, PHILLIP C.	1.2 NAME	
STREET ADDRESS	8301 N GOLF DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARADISE VALLEY AZ	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASOS, DAVID	2.2 NAME	
STREET ADDRESS	2500 OVERLOOK DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON MN	2.4 CITY-ST-ZIP	
TITLE	ASV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUPPERT, BARDEA	3.2 NAME	
STREET ADDRESS	417 N. LOCUST STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PRESCOTT WI	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, ANN C.	4.2 NAME	
STREET ADDRESS	625 W. WILKINS STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	STILLWATER MN	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, NICHOLAS R.	5.2 NAME	
STREET ADDRESS	11020 SCHOOLCRAFT RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BURNSVILLE MN	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, TERENCE M.	6.2 NAME	
STREET ADDRESS	7445 99TH STREET N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE BEAR LAKE MN	6.4 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 110.07(3)(k), 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: *Bardea C. Huppert* **Bardea C. Huppert** **4-20-95** **(612) 223-4306**