

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P20779 (5)
Corporation Name
C.R.I. SECURITIES, INC.



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

3. Date Incorporated or Qualified: 09/07/1988
3a. Date of Last Report: 04/25/1995
4. FEI Number: 41-1612506
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

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

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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: []
85 Zip Code: FL []

11. Pursuant to the provisions of Sections 607.0602 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: [] (NOTE: Registered Agent signature required when reinstating) DATE: []

OFFICERS AND DIRECTORS		13.
TITLE	PO RICHARDS, PHILLIP C. <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8301 N GOLF DRIVE	1.2 NAME
STREET ADDRESS	PARADISE VALLEY AZ	1.3 STREET ADDRESS
CITY-ST-ZIP		1.4 CITY-ST-ZIP
TITLE	V VASOS, DAVID <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2500 OVERLOOK DRIVE	2.2 NAME
STREET ADDRESS	BLOOMINGTON MN	2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE	ASV HUPPERT, BARDEA <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	417 N. LOCUST STREET	3.2 NAME
STREET ADDRESS	PRESCOTT WI	3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	T ELLIOTT, ANN C. <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	625 W. WILKINS STREET	4.2 NAME
STREET ADDRESS	STILLWATER MN	4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	D STEVENS, NICHOLAS R. <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11020 SCHOOLCRAFT RD	5.2 NAME
STREET ADDRESS	BURNSVILLE MN	5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	D SULLIVAN, TERRENCE M. <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7445 99TH STREET N.	6.2 NAME
STREET ADDRESS	WHITE BEAR LAKE MN	6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

000001904130 Change Addition
-07/25/96--01040--029
***200.00
JA 05/01/96

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)(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: [Signature] Bardea C. Huppert 4-17-96 621-223-4306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #