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FILED

May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P20779

(5)

1. 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 55101-2015

3. Date Incorporated or Qualified

09/07/1988

3a. Date of Last Report

05/01/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

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

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RICHARDS, PHILLIP C.
STREET ADDRESS 8301 N GOLF DRIVE
CITY-ST-ZIP PARADISE VALLEY AZ

☐ DELETE

TITLE V
NAME VASOS, DAVID
STREET ADDRESS 2500 OVERLOOK DRIVE
CITY-ST-ZIP BLOOMINGTON MN

☐ DELETE

TITLE ASV
NAME HUPPERT, BARDEA
STREET ADDRESS 417 N. LOCUST STREET
CITY-ST-ZIP PRESCOTT WI

☒ DELETE

TITLE T
NAME ELLIOTT, ANN C.
STREET ADDRESS 625 W. WILKINS STREET
CITY-ST-ZIP STILLWATER MN

☐ DELETE

TITLE D
NAME STEVENS, NICHOLAS R.
STREET ADDRESS 11020 SCHOOLCRAFT RD
CITY-ST-ZIP BURNSVILLE MN

☐ DELETE

TITLE D
NAME SULLIVAN, TERRENCE M.
STREET ADDRESS 7445 99TH STREET N.
CITY-ST-ZIP WHITE BEAR LAKE MN

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE S
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

3.1 TITLE V/AS
3.2 NAME Connolly, George I.
3.3 STREET ADDRESS 1193 Rockstone Lane
3.4 CITY-ST-ZIP New Brighton, MN 55112

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE D
6.2 NAME Kellett, Michael T.
6.3 STREET ADDRESS 1479 Clarmar Ave.
6.4 CITY-ST-ZIP Roseville, MN 55113

☐ Change ☒ Addition

14. I do 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.

SIGNATURE:

George I. Connolly Vice President 4-24-97 612-228-4985

CR2E034 (9/96)