

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**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**  
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  
24. Country  
2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
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  
85. Zip Code: **FL**

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: \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RICHARDS, PHILLIP C.	
STREET ADDRESS	8301 N GOLF DRIVE	
CITY-ST-ZIP	PARADISE VALLEY AZ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VASOS, DAVID	
STREET ADDRESS	2500 OVERLOOK DRIVE	
CITY-ST-ZIP	BLOOMINGTON MN	
TITLE	ASV	<input checked="" type="checkbox"/> DELETE
NAME	HUPPERT, BARDEA	
STREET ADDRESS	417 N. LOCUST STREET	
CITY-ST-ZIP	PRESCOTT WI	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ELLIOTT, ANN C.	
STREET ADDRESS	625 W. WILKINS STREET	
CITY-ST-ZIP	STILLWATER MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEVENS, NICHOLAS R.	
STREET ADDRESS	11020 SCHOOLCRAFT RD	
CITY-ST-ZIP	BURNSVILLE MN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, TERENCE M.	
STREET ADDRESS	7445 99TH STREET N.	
CITY-ST-ZIP	WHITE BEAR LAKE MN	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	V/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Connolly, George I.
3.3 STREET ADDRESS	1193 Rockstone Lane
3.4 CITY-ST-ZIP	New Brighton, MN 55112
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Kellett, Michael T.
6.3 STREET ADDRESS	1479 Clarmar Ave.
6.4 CITY-ST-ZIP	Roseville, MN 55113

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

CR2E034 (9/96)