

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/07/1988	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 41-1612506		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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		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	S	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	VAS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOLLY, GEORGE I.	3.2 NAME	
STREET ADDRESS	1193 ROCKSTONE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW BRIGHTON MN	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	KELLETT, MICHAEL T.	6.2 NAME	
STREET ADDRESS	1479 CLARMAR AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEVILLE MN	6.4 CITY-ST-ZIP	

14. I 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

4-22-98

612-665-4085

CR2E034 (10/97)