

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90007 035 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P20779**

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

3. Date Incorporated or Qualified

**09/07/1988**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD  
RICHARDS, PHILLIP C.  
8301 N GOLF DRIVE  
PARADISE VALLEY AZ**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**S  
VASOS, DAVID  
2500 OVERLOOK DRIVE  
BLOOMINGTON MN**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VAS  
CONNOLLY, GEORGE I.  
1193 ROCKSTONE LANE  
NEW BRIGHTON MN**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**T  
ELLIOTT, ANN C.  
625 W. WILKINS STREET  
STILLWATER MN**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D  
STEVENS, NICHOLAS R.  
11020 SCHOOLCRAFT RD  
BURNSVILLE MN**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D  
KELLETT, MICHAEL T.  
1479 CLARMAR AVE.  
ROSEVILLE MN**

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ 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

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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. With all other I am empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**George I. Connolly 4/19/1999 888-237-1838**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)