

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90778 022 \*\*\*150.00

**DOCUMENT # P20779**

1. Entity Name  
**C.R.I. SECURITIES, INC.**

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

88199



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		41-1612506		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND RD.</b> <b>PLANTATION FL 33324</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RICHARDS, PHILLIP C.</b> <b>8301 N GOLF DRIVE</b> <b>PARADISE VALLEY AZ 85253</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>See Attached Listing</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VP</b> <b>VASOS, DAVID</b> <b>2500 OVERLOOK DRIVE</b> <b>BLOOMINGTON MN 55431</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PCEO</b> <b>CONNOLLY, GEORGE I.</b> <b>9680 INDIGO TRAIL</b> <b>GRANT MN 55115</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VP</b> <b>ELLIOTT, ANN C.</b> <b>825 W. WILKINS STREET</b> <b>STILLWATER MN 55082</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>HUNSTAD, ROBERT E</b> <b>1650 BLACKHAWK COVE</b> <b>SAINT PAUL MN 55122</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>KELLETT, MICHAEL T.</b> <b>1479 CLARMAR AVE.</b> <b>ROSEVILLE MN 55113</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Clark* **RECORDED** **Clark, Ass't Secretary** 4/19/02 651-665-4306  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# CRI SECURITIES, INC.

## Officers

<u>Name and Title</u>	<u>Social Security #</u>	<u>CRD#</u>	<u>Residence Address</u>	<u>Business Address</u>
George I. Connolly President and Chief Executive Officer	024-50-6251	1457599	9860 Indigo Trail Grant, MN 55115	400 Robert Street North St. Paul, MN 55101
Loyall E. Wilson Vice President and Chief Compliance Officer	380-58-7264	1368670	7065 Unity Avenue North Brooklyn Center, MN 55429	400 Robert Street North St. Paul, MN 55101
Margaret P. Milosevich Secretary and Treasurer	392-70-8864	1493467	2601 Wexford Hights Lane New Brighton, MN 55112	400 Robert Street North St. Paul, MN 55101
David Vasos Vice President	481-70-3321	1060243	2500 Overlook Drive Bloomington, MN 55431	2701 University Avenue SE Minneapolis, MN 55414
Ann C. Elliott Vice President	482-68-4173	1304730	625 W. Wilkins Street Stillwater, MN 55082	2701 University Avenue SE Minneapolis, MN 55414
Carol M. Arel Assistant Treasurer	474-82-1463	3274516	7750 Greenwood Dr. Moundsview, MN 55112	400 Robert Street North St. Paul, MN 55101
Eric J. Bentley Assistant Secretary	473-66-3760	4061997	1655 Eleanor Avenue St. Paul, MN 55116	400 Robert Street North St. Paul, MN 55101
Thomas L. Clark Assistant Secretary	472-54-1754	47905	W10546 880th Avenue River Falls, WI 54022	400 Robert Street North St. Paul, MN 55101
Phillip C. Richards Director	174-30-8631	375618	8301 N. Golf Drive Paradise Valley, AZ 85253	2701 University Avenue SE Minneapolis, MN 55414
Robert E. Hunstad Director	469-42-9796	1480417	1650 Blackhawk Cove Eagan, MN 55122	400 Robert Street North St. Paul, MN 55101
Michael T. Kellett Director	474-48-1377	1300726	1479 Clarmar Ave. Roseville, MN 55113	400 Robert Street North St. Paul, MN 55101
Scott H. Richards Director	470-74-9153	1907215	5380 Howards Point Road Shorewood, MN 55331	2701 University Avenue SE Minneapolis, MN 55414

## Directors

Attachment  
#50023

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