

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005703

Entity Name: CRI SECURITIES, LLC

Current Principal Place of Business:

400 ROBERT STREET NORTH
ST PAUL, MN 55101

Current Mailing Address:

400 ROBERT STREET NORTH
ST PAUL, MN 55101 US

FEI Number: 41-1612506

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US

FILED
Apr 06, 2021
Secretary of State
1878537481CC

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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name RICHARDS, PHILLIP C
Address 2701 UNIVERSITY AVENUE
City-State-Zip: MINNEAPOLIS MN 55414

Title MGR
Name CONNOLLY, GEORGE I
Address 400 ROBERT STREET NORTH
City-State-Zip: ST PAUL MN 55101

Title MGR
Name CARPENTER, KIMBERLY K
Address 400 ROBERT STREEET N
City-State-Zip: ST. PAUL MN 55101

Title MGR
Name ZELLMER, KJIRSTEN G
Address 400 ROBERT STREET NORTH
City-State-Zip: ST PAUL MN 55101

Title MANAGER
Name VASOS, DAVE
Address 2701 UNIVERSITY AVENUE SE
City-State-Zip: MINNEAPOLIS MN 55414

Title MANAGER
Name FERGUSON, KRISTIN
Address 400 ROBERT STREET NORTH
City-State-Zip: ST PAUL MN 55101

Title MANAGER
Name O'BRIEN, KERI
Address 400 ROBERT STREET NORTH
City-State-Zip: ST PAUL MN 55101

Title MANAGER
Name STOPFER, LISA
Address 400 ROBERT STREET NORTH
City-State-Zip: ST PAUL MN 55101

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISA STOPFER

MANAGER

04/06/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name MARTINS, ANTHONY
Address 400 ROBERT STREET NORTH
City-State-Zip: ST PAUL MN 55101

Title MANAGER
Name DEUTSCHLANDER, EDWARD
Address 2701 UNIVERSITY AVENUE SE
City-State-Zip: MINNEAPOLIS MN 55414