## **2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0400005703

Entity Name: CRI SECURITIES, LLC

**Current Principal Place of Business:** 

400 ROBERT STREET NORTH

ST PAUL, MN 55101

**FILED** Apr 01, 2013 **Secretary of State** CC1285036868

## **Current Mailing Address:**

400 ROBERT STREET NORTH ST PAUL, MN 55101

FEI Number: 41-1612506 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

RICHARDS, PHILLIP C Name

2701 UNIVERSITY AVENUE Address

MINNEAPOLIS MN 55414 City-State-Zip:

Title MGR

Name

Address 400 ROBERT STREET NORTH

City-State-Zip: ST PAUL MN 55101

Title MGR

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

CONNOLLY, GEORGE I

Address

City-State-Zip:

Title

Title

Name

Name

Address

WILSON, LOYALL E 400 ROBERT STREET NORTH

ZACCARO, WARREN

ST PAUL MN 55101

400 ROBERT STREET NORTH

ST. PAUL MN 55101 City-State-Zip:

MGR

MGR

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIMBERLY K CARPENTER

ASSISTANT SECRETARY

04/01/2013