

2018 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*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 ZACCARO, WARREN
Address 400 ROBERT STREET NORTH
City-State-Zip: ST PAUL MN 55101

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

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: KIMBERLY K CARPENTER

MGR

03/29/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date