FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:29

DOCUMENT # F85196 (6)

1. Corporation Name
HARRIS TRUST COMPANY OF FLORIDA

Principal Place of Business	Mailing Address
505 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401	505 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/14/1982
3a. Date of Last Report: 05/01/1994
2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2197219 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	1.1 TITLE		☐ Change ☐ Addition
NAME	OCHWAT, LINDA L.	1.2 NAME		
STREET ADDRESS	111 W. MONROE STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	MORTELL, EDWIN E.	2.2 NAME	HALSEY SMITH	
STREET ADDRESS	505 SOUTH FLAGLER DR, #1400	2.3 STREET ADDRESS	same	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	2.4 CITY-ST-ZIP	same	
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, GAIL G	3.2 NAME		
STREET ADDRESS	111 W MONROE STREET	3.3. STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	OPFER, GLEN R	4.2 NAME		
STREET ADDRESS	111 W MONROE ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP		
TITLE	SRVP	5.1 TITLE		☐ Change ☐ Addition
NAME	ELWELL, BRUCE	5.2 NAME		
STREET ADDRESS	505 SOUTH FLAGLER DRIVE, #1400	5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP		
TITLE	DP	6.1 TITLE		☐ Change ☐ Addition
NAME	OWEN, JAY L	6.2 NAME		
STREET ADDRESS	11800 LAKE SHORE PL	6.3 STREET ADDRESS		
CITY-ST-ZIP	N PALM BCH FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] 1/27/95 (407) 833-6650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0242304 - - CP