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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F85196**

1. Corporation Name
HARRIS TRUST/BANK OF MONTREAL

Principal Place of Business	Mailing Address
505 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401	777 SO FLAGLER DR STE 140 WEST PALM BCH FL 33401 US

03/02/99 90070 032 150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 777 SOUTH FLAGLER DR.	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/14/1982	
Suite, Apt. #, etc. 22 STE. 140	Suite, Apt. #, etc. 27	4. FEI Number 59-2197219	☐ Applied For ☐ Not Applicable
City & State 23 WEST PALM BEACH, FL	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 33401 25 USA	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax.	☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	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	SRVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSS, WILLIAM T		2.2 NAME		
STREET ADDRESS	777 SOUTH FLAGLER DR #140		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SULKIN, MARGARET M		3.2 NAME		
STREET ADDRESS	111 W MONROE ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STEWART, JOHN M		4.2 NAME		
STREET ADDRESS	777 SOUTH FLAGLER DR #140		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		4.4 CITY-ST-ZIP		
TITLE	SRVP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, PHILIP W		5.2 NAME		
STREET ADDRESS	777 SOUTH FLAGLER DR #140		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		5.4 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	OWEN, JAY L		6.2 NAME		
STREET ADDRESS	1691 YALE COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE FOREST IL		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: _____ JOHN M STEWART 1/20/99 (561) 833-6650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

F 3/11