FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # F95000003379

1. Corporation Name

ABN AMRO Securities (USA) Inc.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: 07/14/95 | 3a. Date of Last Report:

2. Principal Place of Business
21 181 W. Madison St.
22 Suite, Apt. #, etc.:
23 City & State: Chicago, IL
24 Zip: 60602 | 25 Country: U.S.A.

2a. Mailing Address
26 135 S. LaSalle St.
27 Suite, Apt. #, etc.: c/o Dan Koehler
28 City & State: Chicago, IL
29 Zip: 60603 | 30 Country: U.S.A.

4. FEI Number: 13-3227945 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City | FL | 85 Zip Code

500001795695
-04/26/96--01021--023
***200.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	P/D G. David Woods 335 Madison Ave. New York, NY 10017	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	P/D Thomas J. Johnston 181 W. Madison St. Chicago, IL 60602	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3 TITLE / 3 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	V Daniel A. Koehler 135 S. LaSalle St. Chicago, IL 60603	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4 TITLE / 4 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	V Thomas P. Magnavita 181 W. Madison St. Chicago, IL 60602	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5 TITLE / 5 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	S Kirk P. Flores 135 S. LaSalle St. Chicago, IL 60603	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6 TITLE / 6 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	D Edward F. Wajda 181 W. Madison St. Chicago, IL 60602	☐ Change ☒ Addition

CR2E034 (12/95)

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)(x), 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: Daniel A. Koehler 04/11/96 (312) 904-2779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SC-4-25-96