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May 15 1997 8:00am
Secretary of State

CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F95000003379 (3)**

1. Corporation Name
~~ABN AMRO SECURITIES (USA) INC.~~
ABN AMRO CHICAGO CORPORATION N/C 2/27/97

[redacted]

Principal Place of Business	Mailing Address
181 W MADISON ST CHICAGO IL 60602	135 S. LASALLE DR C/O DAN KOEHLER CHICAGO IL 60603-4105

3. Date Incorporated or Qualified: 07/14/1995
3a. Date of Last Report: 04/25/1996

2. Principal Place of Business
21 208 S. LaSalle Street
22 Suite, Apt. #, etc.
23 Chicago, IL
24 Zip 60604 25 Country USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

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

C T CORPORATION SYSTEM
1200 SOUTH 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 800002193758
84 City -05/28/97--01102--007 FL 85 Zip Code
***165.00

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, type 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	PD	☒ DELETE	1.1 TITLE	President & COO/Director	☐ Change ☒ Addition
NAME	JOHNSTON, THOMAS J		1.2 NAME	Wilbert A. Thiel	
STREET ADDRESS	181 W MADISON ST		1.3 STREET ADDRESS	208 S. LaSalle St.	
CITY-ST-ZIP	CHICAGO IL 60602		1.4 CITY-ST-ZIP	Chicago, IL 60604	
TITLE	D	☒ DELETE	2.1 TITLE	Exec. V.P./ Secretary	☐ Change ☒ Addition
NAME	WAJDA, EDWARD F		2.2 NAME	Perry L. Taylor, Jr.	
STREET ADDRESS	181 W MADISON ST		2.3 STREET ADDRESS	208 S. LaSalle St.	
CITY-ST-ZIP	CHICAGO IL 60602		2.4 CITY-ST-ZIP	Chicago, IL 60604	
TITLE	PD	☒ DELETE	3.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	WOODS, G. DAVID		3.2 NAME	Martin L. Eisenberg	
STREET ADDRESS	335 MADISON AVE., 14TH FLOOR		3.3 STREET ADDRESS	135 S. LaSalle St.	
CITY-ST-ZIP	NEW YORK NY 10017		3.4 CITY-ST-ZIP	Chicago, IL 60603	
TITLE	V	☒ DELETE	4.1 TITLE	Director	☐ Change ☒ Addition
NAME	KOEHLER, DANIEL A		4.2 NAME	John A. Wing	
STREET ADDRESS	135 S LASALLE ST		4.3 STREET ADDRESS	208 S. LaSalle St.	
CITY-ST-ZIP	CHICAGO IL 60603		4.4 CITY-ST-ZIP	Chicago, IL 60604	
TITLE	S	☒ DELETE	5.1 TITLE	Director	☐ Change ☒ Addition
NAME	FLORES, KIRK P		5.2 NAME	Harrison F. Tempest	
STREET ADDRESS	135 S LASALLE ST		5.3 STREET ADDRESS	135 S. LaSalle St.	
CITY-ST-ZIP	CHICAGO IL 60674-9135		5.4 CITY-ST-ZIP	Chicago, IL 60603	
TITLE	D	☒ DELETE	6.1 TITLE	Director	☐ Change ☒ Addition
NAME	WAJDA, EDWARD F		6.2 NAME	Alexander Kloosterman	
STREET ADDRESS	181 W MADISON ST		6.3 STREET ADDRESS	135 S. LaSalle St.	
CITY-ST-ZIP	CHICAGO IL 60602		6.4 CITY-ST-ZIP	Chicago, IL 60603	

4/15/97

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ Martin L. Eisenberg 04/25/97 (312) 904-2209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice President Date Daytime Phone #