

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90213 039 ***150.00

DOCUMENT # F95000003379

1. Corporation Name

ABN AMRO INCORPORATED

Principal Place of Business

208 S. LASALLE STREET
CHICAGO IL 60604

Mailing Address

135 S. LASALLE DR
C/O MARTIN EISENBERG STE 860
CHICAGO IL 60603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1995

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 PD ☐ DELETE

NAME THIEL, WILBERT A
STREET ADDRESS 208 S. LASALLE STREET
CITY-ST-ZIP CHICAGO IL 60604

1.1 TITLE ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME KRAMER, JOHN
STREET ADDRESS 208 S. LASALLE STREET
CITY-ST-ZIP CHICAGO IL 60604

1.2 NAME ☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME EISENBERG, MARTIN L
STREET ADDRESS 135 S. LASALLE STREET
CITY-ST-ZIP CHICAGO IL 60603

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME WING, JOHN A
STREET ADDRESS 208 S. LASALLE STREET
CITY-ST-ZIP CHICAGO IL 60604

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME TEMPEST, HARRISON F
STREET ADDRESS 135 S LASALLE ST
CITY-ST-ZIP CHICAGO IL 60603

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME KLOOSTERMAN, ALEXANDER
STREET ADDRESS 135 S. LASALLE ST.
CITY-ST-ZIP CHICAGO IL 60603

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0563962