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

FILED
May 26, 2000 8:00 am
Secretary of State
05-26-2000 90020 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT
2000

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

DOCUMENT # F95000003379

1. Corporation Name
ABN AMRO INCORPORATED

Principal Place of Business	Mailing Address
208 S. LASALLE STREET CHICAGO IL 60604	135 S. LASALLE DR C/O MARTIN EISENBERG STE 660 CHICAGO IL 60603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/14/1995

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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

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

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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	THIEL, WILBERT A		1.2 NAME		
STREET ADDRESS	208 S. LASALLE STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60604		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KRAMER, JOHN		2.2 NAME		
STREET ADDRESS	208 S. LASALLE STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60604		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EISENBERG, MARTIN L		3.2 NAME		
STREET ADDRESS	135 S. LASALLE STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60603		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	WING, JOHN A		4.2 NAME	Michael Burns	
STREET ADDRESS	208 S. LASALLE STREET		4.3 STREET ADDRESS	208 S. LaSalle St.	
CITY-ST-ZIP	CHICAGO IL 60604		4.4 CITY-ST-ZIP	Chicago, IL 60604	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TEMPEST, HARRISON F		5.2 NAME		
STREET ADDRESS	135 S LASALLE ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60603		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	KLOOSTERMAN, ALEXANDER		6.2 NAME	FARIS CHESLEY	
STREET ADDRESS	135 S. LASALLE ST.		6.3 STREET ADDRESS	208 S. LASALLE ST.	
CITY-ST-ZIP	CHICAGO IL 60603		6.4 CITY-ST-ZIP	CHICAGO, IL 60604	

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: VP 4/25/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)