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
Apr 01, 1999 8:00 am
Secretary of State
04-01-1999 90043 001 ***150.00

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DOCUMENT # P33028

1. Corporation Name
NORTHERN TRUST CORPORATION

Principal Place of Business	Mailing Address
50 SOUTH LASALLE STREET CHICAGO IL 60675	%P WALSH 50 S LASALLE ST CHICAGO IL 60675 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/05/1991

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 36-2723087 ☐ Applied For ☐ Not Applicable
21	26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24 Country 25	Zip 29 Country 30	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
CT CORPORATION SYSTEM 1200 S. 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 _____ 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	CEO	☐ DELETE	1.1 TITLE	O	☐ Change ☒ Addition
NAME	WILIAM A OSBORN		1.2 NAME	Jenovky, Bruce C	
STREET ADDRESS	50 SOUTH LA SALLE STREET		1.3 STREET ADDRESS	50 South LaSalle Street	
CITY-ST-ZIP	CHICAGO IL		1.4 CITY-ST-ZIP	Chicago, IL 60675	
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSSITER, PETER L.		2.2 NAME		
STREET ADDRESS	50 SOUTH LASALLE STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EDDY, DAVID L.		3.2 NAME		
STREET ADDRESS	50 SOUTH LASALLE STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP		
TITLE	EVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, JAMES J		4.2 NAME		
STREET ADDRESS	50 S. LASALLE STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-ST-ZIP		
TITLE	EVP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PENROSE, SHEILA A		5.2 NAME		
STREET ADDRESS	50 S. LASALLE STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BARRY G HASTINGS		6.2 NAME		
STREET ADDRESS	50 SOUTH LA SALLE STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		6.4 CITY-ST-ZIP		

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: Bruce C. Jenovky SIGNATURE OF SIGNING OFFICER 3/16/99 312-630-6648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)