## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # P33028** 1. Entity Name: • NORTHERN TRUST CORPORATION 04-30-2001 90030 021 \*\*\*150.00 Principal.Place of Business Mailing Address 50 SOUTH LASALLE STREET %P WALSH 50 S LASALLE ST CHICAGO IL 60675 CHICAGO IL 60675 HS 2. Principal Place of Business 3. Mailing Address 50 S. LaSalle Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE c/o Rose Ellis, M-9 City & State City & State 4. FEI Number Applied For 36-2723087 Chicago, IL Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired 60675 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or or need name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE YOW HI FEE IS \$130.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Wake Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CEO \*I115 Delere 7171.5 Addition NAME WILIAM A OSBORN MAME STREET ADDRESS 50 SOUTH LA SALLE STREET STREET ADDRESS CITY-ST-Z:P OF YIST ZIP CHICAGO IL S TITLE ☐ Delcte TITLE Change Audition NAME ELLIS, ROSE A NAME STREET ADDRESS **50 SOUTH LASALLE STREET** STREET ADDRESS CITY-ST ZIE CITY-S\*-7IP CHICAGO IL 60675 T TLE ☐ Delete TITLE Chance Acdition NAME: EDDY, DAVID L. NAME STREET ADDRESS STREET ADOPESS **50 SOUTH LASALLE STREET** CITY-ST-ZIP CITY-ST-7P CHICAGO IL TITLE **EVP** ☐ Delete TITLE ☐ Change ☐ Addition NAME MITCHELL, JAMES J NAME STREET ADDRESS STREET ADDRESS 50 S. LASALLE STREET CiTY-ST-ZIP CITY-ST-7iP CHICAGO IL 7171.9 X Delate EVP TITLE X Addition NAME PENROSE, SHEILA A NAME Rossiter, Peter L. STREET ADDRESS STREET ADDRESS 50 S. LASALLE STREET 50 S. LaSalle Street C-TY-SI-ZIP CITY-ST-7IP Chicago IL CHICAGO IL TITLE PΠ ☐ Celete TITLE ☐ Change Addition

13. Thereby 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 report or supplemental 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 trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-SI-ZIP

CHICAGO IL

BARRY G HASTINGS

50 SOUTH LA SALLE STREET

NAME

STREET ADDRESS

DITY-ST-ZIP

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SIGNING OFFICEN