

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 820764

1. Entity Name

JOHN NUVEEN & CO., INCORPORATED

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90112 001 ***550.00

Principal Place of Business

Mailing Address

333 WEST WACKER DRIVE
 CHICAGO ILLINOIS 60606-1286
 US

333 WEST WACKER DRIVE
 CHICAGO ILLINOIS 60606-1220
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-2639476**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM INC.
 1201 HAYES ST
 SUITE 105
 TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DEAN, ANTHONY T.	
STREET ADDRESS	333 WEST WACKER DRIVE	
CITY-ST-ZIP	CHIC, ILL 00000 60606	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SCHWERTFEGER, TIMOTHY R.	
STREET ADDRESS	333 WEST WACKER DRIVE	
CITY-ST-ZIP	CHIC, ILL 00000 60606	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILSON, M E	
STREET ADDRESS	338 W WACKER DR	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	STABENOW, H. WILLIAM	
STREET ADDRESS	333 WEST WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	VT	<input type="checkbox"/> Delete
NAME	D' ARRIGO, PETER	
STREET ADDRESS	333 W. WACKER DR.	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BERKSHIRE, ALAN G	
STREET ADDRESS	333 W. WACKER DR.	
CITY-ST-ZIP	CHICAGO IL 60606	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amboian, Jon P.	
STREET ADDRESS	333 West wacker dr.	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 (9/99)