

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

96 APR -1 11 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **832911** (2)

1. Corporation Name

**GELDERMANN SECURITIES, INC.**



Principal Place of Business	Mailing Address
440 S. LASALLE ST. 20TH FL. CHICAGO IL 60605 US	440 S. LASALLE ST. 20TH FL. CHICAGO IL 60605 US

3. Date Incorporated or Qualified <b>08/21/1974</b>	3a. Date of Last Report <b>04/28/1995</b>
4. FEI Number <b>36-2801777</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code
	<b>FL</b>

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BENNETT, NED W.	
STREET ADDRESS	1916 SUNSET ROAD	
CITY-STATE-ZIP	HIGHLAND PARK IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POLK, IRA	
STREET ADDRESS	29 KINCAID ROAD	
CITY-STATE-ZIP	BOONTOWN NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARTE, THOMAS M.	
STREET ADDRESS	48 JEFFERSON AVENUE	
CITY-STATE-ZIP	SHORT HILLS NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RIDNER, GARY M.	
STREET ADDRESS	440 WEST END AVENUE	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEDVORA, ROBERT	
STREET ADDRESS	440 S. LASALLE ST. 20TH FL.	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CURLEY, JAMES R.	
STREET ADDRESS	62 E. QUAIL RD	
CITY-STATE-ZIP	LAKE FOREST IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	LEE MEYER	
13. STREET ADDRESS	440 S. LASALLE ST., 20TH FLOOR	
14. CITY-STATE-ZIP	CHICAGO, IL 60605	
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-STATE-ZIP		
31. TITLE		
32. NAME		
33. STREET ADDRESS		
34. CITY-STATE-ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-STATE-ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-STATE-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-STATE-ZIP		

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\*\*\*200.00 \*\*\*200.00

*[Signature]*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or person 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.

SIGNATURE: *[Signature]* LEE MEYER VP. CONTROLLER 2/20/95 312-663-7500

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)