

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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90095 022 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 843498

1. Corporation Name
WISS, JANNEY, ELSTNER ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 330 PFINGSTEN RD. NORTHBROOK IL 60062	Mailing Address 330 PFINGSTEN RD. NORTHBROOK IL 60062
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/18/1979	Applied For Not Applicable
4. FEI Number 36-2757956	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current 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
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10. Name and Address of New Registered Agent
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANNEY, JACK R.	1.2 NAME	
STREET ADDRESS	4600 S. HOLLY	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHERRY HILLS VIL CO	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, GARY J.	2.2 NAME	
STREET ADDRESS	4114 HOWARD AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTERN SPRGS IL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOLLY, JAMES D.	3.2 NAME	
STREET ADDRESS	1404 INDIGO DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MT. PROSPECT IL	3.4 CITY-ST-ZIP	
TITLE	VPTD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METZ, FRED L.	4.2 NAME	
STREET ADDRESS	760 INTERLAKEN	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE ZURICH IL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOOB, MICHAEL J.	5.2 NAME	
STREET ADDRESS	1180 BRECKENRIDGE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE FOREST IL	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPOVIC, PREDRAG	6.2 NAME	
STREET ADDRESS	6630 N. SPOKANE AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLNWOOD IL 60646	6.4 CITY-ST-ZIP	

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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: _____ SIGNATURE REQUIRED *[Signature]* 3/25/99 (847) 272-7400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)