

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.**

Principal Place of Business  
**330 PFINGSTEN RD.  
 NORTHBROOK IL 60062**

Mailing Address  
**330 PFINGSTEN RD.  
 NORTHBROOK IL 60062**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/18/1979**

4. FEI Number  
**36-2757956**

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

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

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