

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90012 050 ***150.00

DOCUMENT # 843498
 1. Entity Name
WISS, JANNEY, ELSTNER ASSOCIATES, INC.

Principal Place of Business Mailing Address
 PFINGSTEN RD. 330 PFINGSTEN RD.
 IL 60062 NORTHBROOK IL 60062-2003

648101



DO NOT WRITE IN THIS SPACE

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 **36-2757956** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	JANNEY, JACK R.	
STREET ADDRESS	4600 S. HOLLY	
CITY-ST-ZIP	CHERRY HILLS VIL CO 80111	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KLEIN, GARY J.	
STREET ADDRESS	4114 HOWARD AVENUE	
CITY-ST-ZIP	WESTERN SPRGS IL 60558	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONNOLLY, JAMES D.	
STREET ADDRESS	1401 INDIGO DRIVE 190 S. Thorne Grove Dr.	
CITY-ST-ZIP	W PROSPECT Vernon Hills, IL 60061	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	METZ, FRED L.	
STREET ADDRESS	760 INTERLAKEN	
CITY-ST-ZIP	LAKE ZURICH IL 60047	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOOB, MICHAEL J.	
STREET ADDRESS	1180 BRECKENRIDGE AVE	
CITY-ST-ZIP	LAKE FOREST IL 60045	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POPOVIC, PREDRAG	
STREET ADDRESS	6630 N. SPOKANE AVENUE	
CITY-ST-ZIP	LINCOLNWOOD IL 60646	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William J. Nugent	
STREET ADDRESS	300 Ahwahnee Lane	
CITY-ST-ZIP	Lake Forest, IL 60045	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	F. Dirk Heidbrink	
STREET ADDRESS	1123 Donegal Lane	
CITY-ST-ZIP	Northbrook, IL 60062	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ian R. Chin	
STREET ADDRESS	1957 N. Larrabee	
CITY-ST-ZIP	Chicago, IL 60614	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harry J. Hunderman	
STREET ADDRESS	2223 Colfax	
CITY-ST-ZIP	Evanston, IL 60201	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry G. Stockbridge	
STREET ADDRESS	600 Fairway Drive	
CITY-ST-ZIP	Glenview, IL 60025	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William E. White	
STREET ADDRESS	104 Highgate Ct. NE	
CITY-ST-ZIP	Eatonton, GA 31024	

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: **4-18-00** **847-272-7400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C.F. 1134 (9/99)