

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90080 033 ***150.00

DOCUMENT # *F00000002584* ✓
1. Entity Name
NORTHERN TRUST INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 50 SOUTH LASALLE STREET		3. Mailing Address 50 SOUTH LASALLE STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc. c/o ROSE ELLIS, M-9	
City & State CHICAGO, ILLINOIS		City & State CHICAGO, ILLINOIS	
Zip 60675	Country	Zip 60675	Country

80061711

DO NOT WRITE IN THIS SPACE

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	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVE. City TALLAHASSEE FL Zip Code 32301		

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 _____ (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) ☐	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIMBERS, STEPHEN B 50 SOUTH LASALLE STREET, BUILDING M-09 CHICAGO, ILLINOIS 60675	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BECKMAN, CARL P 50 SOUTH LASALLE STREET, BUILDING M-09 CHICAGO, ILLINOIS 60675	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT FISHER, SHIRLEY 50 SOUTH LASALLE STREET, BUILDING M-09 CHICAGO, ILLINOIS 60675	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARBERRY, CRAIG A 50 SOUTH LASALLE STREET, BUILDING M-09 CHICAGO, ILLINOIS 60675	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ANTONI, VICTORIA 50 SOUTH LASALLE STREET, BUILDING M-09 CHICAGO, ILLINOIS 60675	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Victoria Antoni, Assistant Secretary* **3/27/02 312-630-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)