2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 19, 2004 8:00 am Secretary of State

07-19-2004 90001 043 ***150.00

DOCUMENT # F00000002584 NORTHERN TRUST INVESTMENTS, INC. Principal Place of Business Mailing Address 50 SOUTH LASALLE, BUILDIING M-09 50 SOUTH LASALLE, BUILDING M-09 54062958 CHICAGO, IL 60675 CHICAGO, IL 60675 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07072004 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FEI Number 36-3608252 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVE. TALLAHASSEE, FL 32301 Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it epplicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Due by September 8, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **■** Delete TITLE Change Addition TIMBERS, STEPHEN B NAME NAME Terrence J. Toth STREET ADDRESS 50 SOUTH LASALLE, BUILDIING M-09 STREET ADDRESS 50 South LaSalle Street Chicago, IL 60675 CITY-ST-ZIP CHICAGO, IL 60675 CITY - ST- ZIP TITLE TITLE ☐ Delete Change Change ■ Addition NAME ' BECKMAN, CARL P NAME STREET ADDRESS 50 SOUTH LASALLE, BUILDIING M-09 STREET ADDRESS CITY+ST+7IP CITY-ST-7IP CHICAGO, IL 60675 ÁΤ TITLE TITLE ☐ Change ☐ Addition ☐ Detete FISHER, SHIRLEY NAME NAME 50 SOUTH LASALLE, BUILDIING M-09 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60675 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition CARBERRY, CRAIG R NAME NAME STREET ADDRESS STREET ADDRESS 50 SOUTH LASALLE, BUILDIING M-09 CITY-ST-ZIP CHICAGO, IL 60675 CITY-ST-ZIP TITLE AS ☐ Delete TITLE ☐ Change ☐ Addition EDWARDS, ALICE R NAME NAME STREET ADDRESS 50 SOUTH LASALLE, BUILDIING M-09 STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP CHICAGO, IL 60675 TITLE AS ☐ Delete TIT) F ☐ Change ■ Addition ANTONI, VICTORIA NAME NAME 50 SOUTH LASALLE, BUILDIING M-09 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60675 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not of Malify for the exemption stated in Section 119,07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report is true an of the corporation or the receiver or trustee empowered changed, or on an attachment with SIGNATURE: SIGNATURE AN ED OR PRINTED NAME OF SIGN OFFICER OR DIRECTOR Date Daytime Phone #