# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F00000002584

1. Entity Name
NORTHERN TRUST INVESTMENTS, NATIONAL ASSOCIATION

FILED
07 MAR 19 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 50 SOUTH LASALLE, BUILDIING M-09<br>CHICAGO, IL 60675 | 50 SOUTH LASALLE, BUILDIING M-09<br>CHICAGO, IL 60675 |

REINSTATEMENT 06-07

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 36-3608252 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| NRAI SERVICES, INC.<br>2731 EXECUTIVE PARK DRIVE<br>SUITE 4<br>WESTON, FL 33331 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Zuema M. Howarth, Asst Secy 3-14-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CP<br>TOTH, TERRENCE J<br>50 SOUTH LASALLE ST<br>CHICAGO, IL 60675 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>900095165699<br>03/28/07--01038--007 **300.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VT<br>BECKMAN, CARL P<br>50 SOUTH LASALLE, BUILDIING M-09<br>CHICAGO, IL 60675 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>$3/22 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AT<br>MANCUSI, STELLA<br>50 SOUTH LASALLE BUILDING M-6<br>CHICAGO, IL 60675 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>CARBERRY, CRAIG R<br>50 SOUTH LASALLE, BUILDIING M-09<br>CHICAGO, IL 60675 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AT<br>MESERVEY, MARILYN<br>580 VILLAGE BOULEVARD SUITE 225<br>WEST PALM BEACH, FL 33409 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>AT<br>MESERVEY, MARILYN<br>777 S. FLAGLER DR, 12TH FLOOR WEST<br>WEST PALM BEACH FL 33401 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AS<br>ANTONI, VICTORIA<br>50 SOUTH LASALLE, BUILDIING M-09<br>CHICAGO, IL 60675 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MARILYN MESERVEY, AT Marilyn Meservey 3-16-07 (561)653-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #