2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State
02-18-2008 90021 032 ***150.00

DOCUMENT # F00000002584

1. Entity Name
NORTHERN TRUST INVESTMENTS, NATIONAL ASSOCIATION

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

01302008 Chg-P CR2E034 (12/06)

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. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP TOTH, TERRENCE J 50 SOUTH LASALLE ST CHICAGO, IL 60675	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WADDELL, RICK 50 SOUTH LASALLE ST ~~CHICAGO, IL 60675~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT BECKMAN, CARL P 50 SOUTH LASALLE, BUILDIING M-09 CHICAGO, IL 60675	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT MANCUSI, STELLA 50 SOUTH LASALLE BUILDING M-6 CHICAGO, IL 60675	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CARBERRY, CRAIG R 50 SOUTH LASALLE, BUILDIING M-09 CHICAGO, IL 60675	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT MESERVEY, MARILYN 777 S FLAGLER DR, 12TH FLOOR WEST WEST PALM BEACH, FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ANTONI, VICTORIA 50 SOUTH LASALLE, BUILDIING M-09 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 MARILYN MESERVEY 1/31/08 (561)653-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

transfered v#123489 under 0101 to 0028 also added the address 2/5/08 hj

this should be trfd to 0156 2/6ep ATTACHMENT 40027293

TRANSFERED TO 0156 2/7/08 HJ #F0000000259

OK 2/8/2008EP2(

Northern Trust

National Accounts Payable: A/P Payment Request Form

This form must be completed in full and submitted to Accounts Payable in Chicago, M-11, along with supporting documentation. This form cannot be used for employee reimbursements or charitable donations.

VENDOR/PAYEE INFORMATION

☐ New Vendor	☑ Existing Vendor
A W-9 form must be submitted along with a payment request for a new vendor.	If you know the vendor #, please include it here:

***If not noted on the invoice or supporting documentation, the following fields must be completed:**

Payable to: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Payee address: P.O. BOX 1500
TALLAHASSEE - FL 32302-1500

Payee Contact & Telephone:

CODING FOR EXPENSE BOOKING

Date:	Company #:	Dept/Div:*
1-31-08	0156	3920

G/L Acct #:*	Project # (for capitalized expense):*
68802 1000	

US$ Amount: 150.00

G/L Description: 36-3608252 ANNUAL REPORT

DELIVERY: ☑ Send Payment to Vendor ☐ Return to:

APPROVAL: All fields below must be completed. By signing below you confirm that this payment request complies with the policies and procedures in Northern Trust's Corporate Expense Manual

Originator:	Approver:
Name: Chuck Ferris	Name: MARILYN MESERVEY
ID#: 52018	ID#: 43214
Ext: 2325	Ext: 2520
Signature: Chuck Ferris	Signature: Marilyn Meservey

*If multiple centers or G/L accounts should be charged, please attach a second sheet that detail cost center, G/L account, and amount.