

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002237

FILED
Apr 14, 2009
Secretary of State

Entity Name: OBERWEIS SECURITIES, INC.

Current Principal Place of Business:

3333 WARRENVILLE ROAD
SUITE 500
LISLE, IL 60532

New Principal Place of Business:

Current Mailing Address:

3333 WARRENVILLE ROAD
SUITE 500
LISLE, IL 60532

New Mailing Address:

FEI Number: 36-4106772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VON LUTZOW, RALPH
2477 STICKNEY POINT ROAD, #2178
SARASOTA, FL 34203 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OBERWEIS, JAMES W
Address: 3333 WARRENVILLE ROAD, SUITE 500
City-St-Zip: LISLE, IL 60532 US

Title: VSTD () Delete
Name: JOYCE, PATRICK B
Address: 3333 WARRENVILLE ROAD, SUITE 500
City-St-Zip: LISLE, IL 60532 US

Title: VP B () Delete
Name: SKUJA, SEAN P
Address: 3333 WARRENVILLE ROAD, SUITE 500
City-St-Zip: LISLE, IL 60532 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: OGDEN, BENJAMIN J
Address: 3333 WARRENVILLE ROAD, SUITE 500
City-St-Zip: LISLE, IL 60532 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN OGDEN

MGR

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date