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FILED

Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F85196 (6)

1. Corporation Name  
HARRIS TRUST COMPANY OF FLORIDA

Principal Place of Business  
505 SOUTH FLAGLER DRIVE  
WEST PALM BEACH FL 33401

Mailing Address  
505 SOUTH FLAGLER DRIVE  
WEST PALM BEACH FL 33401-5923



3. Date Incorporated or Qualified 06/14/1982  
3a. Date of Last Report 02/09/1996

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-2197219

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S  
NAME OCHWAT, LINDA L.  
STREET ADDRESS 111 W. MONROE STREET  
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE VP  
NAME SMITH, HALSEY  
STREET ADDRESS 505 SOUTH FLAGLER DR, #1400  
CITY-ST-ZIP WEST PALM BEACH FL ☐ DELETE

TITLE T  
NAME SULKIN, MARGARET M  
STREET ADDRESS 111 W MONROE ST  
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE V  
NAME OPFER, GLEN R  
STREET ADDRESS 111 W MONROE ST  
CITY-ST-ZIP CHICAGO IL ☒ DELETE

TITLE SRVP  
NAME ELWELL, BRUCE  
STREET ADDRESS 505 SOUTH FLAGLER DRIVE, #1400  
CITY-ST-ZIP WEST PALM BEACH FL ☐ DELETE

TITLE DP  
NAME OWEN, JAY L  
STREET ADDRESS 360 PRESTWICK CIRCLE 3  
CITY-ST-ZIP PALM BEACH GARDENS FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE DP  
4.2 NAME Stewart, John M.  
4.3 STREET ADDRESS 505 S. Flagler Dr., #1400  
4.4 CITY-ST-ZIP West Palm Beach, FL 33401 ☐ Change ☒ Addition

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE Chairman  
6.2 NAME Owen, Jay L.  
6.3 STREET ADDRESS 1691 Yale Court  
6.4 CITY-ST-ZIP LAKE FOREST, IL 60045 ☒ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOHN M. STEWART

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97

Date

833-16650

Daytime Phone #

CR2E034 (9/96)