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FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/14/1982

4. FEI Number
59-2197219

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 777 So. Flagler Dr.

27 Suite, Apt. #, etc. suite 140

28 City & State west Palm Beach, FL

29 Zip Country 33401 U.S.A.

30

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 ☐ DELETE

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

TITLE VP ☒ DELETE

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

TITLE T ☐ DELETE

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

TITLE DP ☐ DELETE

NAME STEWART, JOHN M
STREET ADDRESS 505 S FLAGLER DR., #1400
CITY-ST-ZIP WEST PALM BEACH FL

TITLE SRVP ☒ DELETE

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

TITLE DC ☐ DELETE

NAME OWEN, JAY L
STREET ADDRESS 1891 YALE COURT
CITY-ST-ZIP LAKE FOREST IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE SRVP ☐ Change ☒ Addition

22 NAME WILLIAM T. ROSS

23 STREET ADDRESS 777 South Flagler Drive, #140

24 CITY-ST-ZIP West Palm Beach, FL 33401

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS SAME

44 CITY-ST-ZIP 777 South Flagler Dr., #140

51 TITLE SRVP ☐ Change ☒ Addition

52 NAME

53 STREET ADDRESS PHILIP W. Young

54 CITY-ST-ZIP South Flagler Drive, #140

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

4. I 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:

CR2E034 (10/97)