FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

AMENDED AND FILED

'95 MAR 14 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # F92000000104 (1)

1. Corporation Name
HARRIS NESBITT THOMSON SECURITIES INC.

Principal Place of Business	Mailing Address
111 WEST MONROE STREET FLOOR 20 W. CHICAGO IL 60603-4003 US	111 WEST MONROE STREET FLOOR 20 W. CHICAGO IL 60603-4003 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/04/1992
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business	2a. Mailing Address
21 115 S. LASALLE STREET	26 115 S. LASALLE STREET
Suite, Apt. #, etc. 22 FLOOR 20 W.	Suite, Apt. #, etc. 27 FLOOR 20W.
City & State 23 CHICAGO IL.	City & State 28 CHICAGO IL.
Zip / Country 24 60603 / 25	Zip / Country 29 60603 / 30

4. FEI Number: 13-2620737 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	STECK, BRIAN J	1.2 NAME	
STREET ADDRESS	28 COSMIC DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DON MILLS, ONTARIO, CANADA	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	BAILLIE, AUBREY W	2.2 NAME	
STREET ADDRESS	17 MILDENHALL ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	DALY, PHILIP C	3.2 NAME	
STREET ADDRESS	2 SHERER COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTPORT CT 06880	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	IOZZI, ALBERT L	4.2 NAME	
STREET ADDRESS	200 CONKLIN ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEWFOUNDLAND NJ 07435	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	LUNNIN, CHARLES M	5.2 NAME	
STREET ADDRESS	23 RIVERSIDE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10023	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Steve F Ptasinski CFO 3/9/95 312 461-7048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0468000 FP