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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F92000000104 (1)

1. Corporation Name

NESBITT BURNS SECURITIES INC.



Principal Place of Business

115 S LASALLE STREET  
FLOOR 20 W  
CHICAGO IL 60603-4003  
US

Mailing Address

115 S LASALLE STREET  
FLOOR 20 W  
CHICAGO IL 60603-4003  
US

3. Date Incorporated or Qualified  
11/04/1992

3a. Date of Last Report  
03/14/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE

NAME STECK, BRIAN J  
STREET ADDRESS 28 COSMIC DRIVE  
CITY-ST-ZIP DON MILLS, ONTARIO, CANADA

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PD ☐ DELETE

NAME BAILLIE, AUBREY W  
STREET ADDRESS 17 MILDENHALL ROAD  
CITY-ST-ZIP TORONTO, ONTARIO, CANADA

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD ☐ DELETE

NAME DALY, PHILIP C  
STREET ADDRESS 2 SHERER COURT  
CITY-ST-ZIP WESTPORT CT 06880

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME IOZZI, ALBERT L  
STREET ADDRESS 200 CONKLIN ROAD  
CITY-ST-ZIP NEWFOUNDLAND NJ 07435

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME LUNNIN, CHARLES M  
STREET ADDRESS 23 RIVERSIDE DRIVE  
CITY-ST-ZIP NEW YORK NY 10023

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96

312-461-7048

Date

Daytime Phone #

CR2E034 (12/95)