

5-6-97 156425 C  
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FILED  
May 06 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 # 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 60603-3801  
US

3. Date Incorporated or Qualified  
11/04/1992

3a. Date of Last Report  
03/19/1996

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  
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

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	CD	<input type="checkbox"/> DELETE
NAME	STECK, BRIAN J	
STREET ADDRESS	28 COSMIC DRIVE	
CITY, ST, ZIP	DON MILLS, ONTARIO, CANADA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAILLIE, AUBREY W	
STREET ADDRESS	17 MILDENHALL ROAD	
CITY, ST, ZIP	TORONTO, ONTARIO, CANADA	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DALY, PHILIP C	
STREET ADDRESS	2 SHERER COURT	
CITY, ST, ZIP	WESTPORT CT 06880	
TITLE	V	<input type="checkbox"/> DELETE
NAME	IOZZI, ALBERT L	
STREET ADDRESS	200 CONKLIN ROAD	
CITY, ST, ZIP	NEWFOUNDLAND NJ 07435	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LUNNIN, CHARLES M	
STREET ADDRESS	23 RIVERSIDE DRIVE	
CITY, ST, ZIP	NEW YORK NY 10023	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SENIOR V. P.
3.3 STREET ADDRESS	DAVID HARVEY
3.4 CITY-ST-ZIP	100 E. BELLEVUE PL. CHICAGO, IL 60611
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Chief Financial Officer
5.3 STREET ADDRESS	JAY R. DIETRICH
5.4 CITY-ST-ZIP	357 PARK AVE EAST HIGHLAND PARK, IL 60035
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

Date

312-461-7048

Daytime Phone #

CR2E034 (9/96)