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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90064 026 ***150.00

DOCUMENT # F9200000104

Corporation Name

NESBILL	BURNS SECORITIES INC.	ı			4 1001105 (115 (Bit P 1101) 451(1 ESI1) 661)) #	na nasi datah man A	kii 0(0) 1801
Principal Place	o of Business	Mailing Address				ING BOUGH DRIVE HAND D	IIII DIBI CODI
115 S LASALLE		115 S LASALLE STREET					
FLOOR 20 W FLOOR 20 W							
CHICAGO IL 60603-4003 CHICAGO IL 60603-4003				DO NOT WRITE IN THIS SPACE		 ,	
US US					3. Date Incorporated or Qualifed		
		0- 4-6	*	_	11/04/1992 4. FEI Number		lied For
— ·	lace of Business	2a. Mailing Address			13-2620737	<u> </u>	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			_	\$8.75 A	
22	#, Glo.	27			5. Certifcate of Status Desired	Fee Rec	
City & State	e	City & State		_	6. Election Campaign Financing	\$5.00	May.Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Countr	y	8. This corporation owes the current year		_
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent	8	1 Name	10. Name and Address of New Register	red Agent	
СТ	CORPORATION SYSTEM		°	Name			
1200 SOUTH PINE ISLAND ROAD			8	2 Street A	Address (P.O. Box Number is Not Acceptable)		
	NTATION FL 33324		8	3			
						T = 0	
			. 8	4 City	ı	-L 85 Zip C	oge
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida State	ites, the abo	ve-named o	corporation submits this statement for the purpos	e of changing its	egistered
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	e of Florida. Such change was ations of, Section 607.0505, F	autnorized b Iorida Statute	y the corpo es.	pration's board of directors. I hereby accept the a	pointinent as reg	ISLETEG
SIGNATURE							
12.	Signature, typed or printed name of registered age	ent and title if applicable. (NO ND DIRECTORS	E: Registered Ag	ent signature re	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	CD	DELETE	1.1 TITLE			Change	Addition
NAME	STECK, BRIAN J		1.2 NAME	ł			
STREET ADDRESS	28 COSMIC DRIVE		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	DON MILLS, ONTARIO, CANAL	DA	1.4 CITY-	1			•
TITLE	PD	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	BAILLIE, AUBREY W		2.2 NAME				
STREET ADDRESS	17 MILDENHALL ROAD		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA		2.4 CITY				
TITLE	SVP	☐ DELETE	3.1 TITLE				
NAME			3.7 (1)			Change	Addition
STREET ADDRESS	HARTLEY, DAVID		3.2 NAME		112 DARY AVENUE FLOOR		Addition
	100 E BELLEVUE PL		3.2 NAME 3.3 STRE	ET ADDRESS	430 PARK AVENUE FLOOR		Addition
CITY-ST-ZIP	100 E BELLEVUE PL CHICAGO IL		3.2 NAME 3.3 STRE 3.4. CITY	ET ADDRESS -ST-ZIP	New YORK NY 10022		
TITLE	100 E BELLEVUE PL CHICAGO IL V	☐ DELETE	3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE	ET ADDRESS -ST-ZIP	New YORK NY 10022		Addition
TITLE NAME	100 E BELLEVUE PL CHICAGO IL V IOZZI, ALBERT L		3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4. 2 NAM	ET ADDRESS -ST-ZIP	New YORK NY 10022 S MICHAEL ZEISS		
TITLE NAME STREET ADDRESS	100 E BELLEVUE PL CHICAGO IL V 10ZZI, ALBERT L 200 CONKLIN ROAD		3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4. 2 NAM 4.3 STRE	ET ADDRESS -ST-ZIP E	New YORK NY 10022 SMICHAEL ZEISS 430 PARK AVENUE FL. 15	∑ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 E BELLEVUE PL CHICAGO IL V IOZZI, ALBERT L 200 CONKLIN ROAD NEWFOUNDLAND NJ 07435	☐ DELETE	3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4. 2 NAM 4.3 STRE 4.4 CITY	E TADDRESS -ST-ZIP E TADDRESS ST-ZIP	New YORK NY 10022 SMICHAEL ZEISS 430 PARK AVENUE FL. 15 NEW YORK NY 10022	∑ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	100 E BELLEVUE PL CHICAGO IL V IOZZI, ALBERT L 200 CONKLIN ROAD NEWFOUNDLAND NJ 07435 CFO		3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4. 2 NAM 4.3 STRE	ET ADDRESS -ST-ZIP E ET ADDRESS ST-ZIP	New YORK NY 10022 SMICHAEL ZEISS 430 PARK AVENUE FL. 15 NEW YORK NY 10022 CFO	S Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	100 E BELLEVUE PL CHICAGO IL V IOZZI, ALBERT L 200 CONKLIN ROAD NEWFOUNDLAND NJ 07435 CFO DIETRICH, JAY R	☐ DELETE	3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS -ST-ZIP E ET ADDRESS ST-ZIP	New YORK NY 10022 SMICHAEL ZEISS 430 PARK AVENUE FL. 15 NEW YORK NY 10022 CFO MARK HUOSM	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	100 E BELLEVUE PL CHICAGO IL V 10ZZI, ALBERT L 200 CONKLIN ROAD NEWFOUNDLAND NJ 07435 CFO DIETRICH, JAY R 357 PARK AVE EAST	☐ DELETE	3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS -ST-ZIP E ET ADDRESS ST-ZIP E ET ADDRESS	NEW YORK NY 10022 S MICHAEL ZEISS 430 PARK AVENUE FL. 15 NEW YORK NY 10022 CFO MARK HUOSM 430 PARK AVENUE FL.	∑Change (∑Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 E BELLEVUE PL CHICAGO IL V 10ZZI, ALBERT L 200 CONKLIN ROAD NEWFOUNDLAND NJ 07435 CFO DIETRICH, JAY R 357 PARK AVE EAST	DELETE	3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY	E ET ADDRESS ST-ZIP E T ADDRESS ST-ZIP E ET ADDRESS ST-ZIP E SET ADDRESS ST-ZIP	NEW YORK NY 10022 S MICHAEL ZEISS 430 PARK AVENUE FL. 15 NEW YORK NY 10022 CFO MARK HUOSM 430 PARK AVENUE FL.	Change (X)Change	☐ Addition

CITY-ST-ZIP 14. 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, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS