

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F92000000182 (7)

1. Corporation Name

GODWINS SECURITIES, INC.



Principal Place of Business

123 N WACKER DR
CHICAGO IL 60606

Mailing Address

123 N WACKER DR
CHICAGO IL 60606

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/10/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

91-1568285

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

10. Name and Address of New 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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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 the filer

(Print Full Name of Registered Agent and Filer)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	ADAMS, CYNTHIA P	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	P	☐ DELETE
NAME	COTTON, ANTOINE M	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	CD	☐ DELETE
NAME	COX, DANIEL T	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	AV	☐ DELETE
NAME	GROB, ROBERT	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	V	☐ DELETE
NAME	HANNER, JEROME S	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	S	☐ DELETE
NAME	JESCHKE, ARLENE	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60606	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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***200.00

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 119.04(3)(a), 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

Robert J. Grob

4-17-96

312-761-3478

CR2E034 (12/95)