FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 16 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005255 (5)**

1. Corporation Name
HOWE BARNES INVESTMENTS, INC.

Principal Place of Business	Mailing Address
135 SOUTH LASALLE STREET. #1500 CHICAGO IL 60603	135 SOUTH LASALLE STREET. #1500 CHICAGO IL 60603

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/18/1993	3a. Date of Last Report: 04/15/1994
4. FEI Number: 36-2643382	☐ 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. 109.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SCHMID, BILL
WESTSHORE 500, SUITE 910
500 N. WESTSHORE BLVD.
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name: William Abraham Shahriari
82 Street Address (P.O. Box Number is Not Acceptable): 10600 4th St.
83
84 City: St. Petersburg FL 85 Zip Code: 33546

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 mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	RUDOLPH, ALEX S	12 NAME	
STREET ADDRESS	1960 KENSINGTON PLACE	13 STREET ADDRESS	
CITY-ST-ZIP	AURORA IL 60506	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	SHELTON, GEORGE H	22 NAME	
STREET ADDRESS	1109 FOREST AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	WILMETTE IL 60091	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	SHELSON, MARK P	32 NAME	
STREET ADDRESS	7704 VIRGINIA PLACE	33 STREET ADDRESS	
CITY-ST-ZIP	MERRILLVILLE IN 46410	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	COLLINS, MAUREEN L	42 NAME	
STREET ADDRESS	9727 S. MAJOR AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	OAK LAWN IL 60453	44 CITY-ST-ZIP	
TITLE	SRVD	51 TITLE	☐ Change ☐ Addition
NAME	ALLEN, PHILIP C	52 NAME	
STREET ADDRESS	9831 S. WINCHESTER AVE	53 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60643	54 CITY-ST-ZIP	
TITLE	SD	61 TITLE	☐ Change ☐ Addition
NAME	FAY, HAROLD V	62 NAME	
STREET ADDRESS	7 COOK PLACE	63 STREET ADDRESS	* DEDE
CITY-ST-ZIP	MIDDLETON NJ 07748	64 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, added or on an attachment with an addition.

SIGNATURE: _____ 5/11/95 312-655-3000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

Richard S. Griffin - Sr. Vice President

0448106 FP