

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001479 (4)

1. Corporation Name

INSTITUTIONAL INVESTORS SERVICE, INC.

Principal Place of Business

440 SOUTH LASALLE STREET
SUITE 3909
CHICAGO IL 60605

Mailing Address

440 SOUTH LASALLE STREET
SUITE 3909
CHICAGO IL 60605

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/24/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

36-3871846

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$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

DENNIS GUY

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

SUITE #2

83

342 E. PALMETTO PARK RD

84 City

BOCA RATON,

FL

85 Zip Code

33432

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]

3-20-95

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reappointing)

DATE

TITLE

PVD

NAME

RINTELS, EUGENE V

STREET ADDRESS

440 SOUTH LASALLE STREET, STE 3909

CITY-ST-ZIP

CHICAGO IL

TITLE

SD

NAME

GUY, DENNIS G

STREET ADDRESS

440 SOUTH LASALLE STREET, STE 3909

CITY-ST-ZIP

CHICAGO IL

TITLE

D

NAME

CHESTLER, JOEL

STREET ADDRESS

440 SOUTH LASALLE STREET, STE 3909

CITY-ST-ZIP

CHICAGO IL

TITLE

ASD

NAME

BURROUGHS, MICHAEL

STREET ADDRESS

440 SOUTH LASALLE STREET, STE 3909

CITY-ST-ZIP

CHICAGO IL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 110.07(3)(b), 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 this corporation or the incorporator 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 an Attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

MICHAEL W. BURROUGHS, CEO

3/15/95 (312) 986-9216