To: Qualitation/Tax Lien Section Division of Corporations 1.00001994581--4

1.0001.894581---4 -11/04/96--01004--001 *****70.00 *****70.00

SUBJECT: HOCHMAN & BAKER SECURITIES, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

(Name of Person)	JALI SE SE
HOCHMAN & BAKER SECURITIES, INC.	96 NOV Secre Tallah
(Firm/Company)	
105 Revere Drive, Suite E	SSEE, F
(Address)	
Northbrook, IL 60062	26 RIDA
(City/State/Zip)	

Should you need to call someone concerning this matter, please call:

Glenn A. Baker at (847) 564-4244
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607,1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

natural person or partnership if not so contained in the nam	ATED", "COMPANY", "CORPORATION" or early indicate that it is a corporation instead of a sea at present.)
2. <u>fillinois</u> (State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. April 14, 1987 (Date of Incorporation)	5. Perpetual (Duration: Year corp. will cease to exist or
(Date of Incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification	
(Date first transacted business in Florida. (SEE SECTIONS	607.1501, 607.1502, AND 817.155, E(S.)
7. 105 Revere Drive, Suite E	Northbrook, IL 60062
	OV-
(Current mailing	address)
8. Securities Broker-Dealer (Purpose(s) of corporation authorized in home state or coun	
 Name and street address of Florida registered as acceptable) 	gent: (P.O. Box or Mail Drop Box NOT
Name: CT CORPORATION SYSTE	EM
Name: CT CORPORATION SYSTE Office Address: 1200 Pine Island Ro	
Office Address: 1200 Pine Island Ro	pad
Office Address: 1200 Pine Island Ro	

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incorporated.

NOT accep	,	NLY- P. O. Box	
	RS (Street address only- P. O . Box NOT acceptable)		
		 	
Address:		,,	
Vice Chairman:			
Address:			
Director:			
B. OFFICERS (Street address only- P. O. Box NOT acceptable)		
President:	GLENN A. BAKER	7 <u>8</u> 98	
Address:	105 Revere Drive, Suite E	DRE AH	77
	Northbrook, IL 60062	- L	
	JOEL L. HOCHMAN		
	165 Revere Drive, Suite E	(****	0
	Northbrook, IL 60062		
Secretary:			
Treasurer:			
Address:			
NOTE: If necessar	ury, you may attach an addendum to the application listing	ng additional	
13. (Signature of	Chairman, Vice Chairman, or any officer lighted in number 12 of the	Hochine application)	-
V		1 M	/ /
14. <u>GLENNA. E</u>	AKER JOEL L. HOCHMAN Typed or printed name and capacity of person signing application)	polo Ho	chne

File Humber 5462-794-7



To all to whom these presents Shall Come, Greeting:

I, George H. Ryan. Secretary of State of the State of Illinois,



In Tes	stimony Wh	errof, I hereto	sel
	-	offixed the Great Sec	
	Illinois this	2157	
day of	OCTOBER	A.D., 19 _ 96	

George H Ryan
SECRETARY OF STATE