


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000005710 (6)

1. Corporation Name
HOCHMAN & BAKER SECURITIES, INC.

Principal Place of Business 105 REVERE DR #E NORTHBROOK IL 60062	Mailing Address 105 REVERE DR #E NORTHBROOK IL 60062
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 425 Huehl Rd Suite, Apt. #, etc. 22 Bldg. # 21 City & State 23 Northbrook IL Zip 24 60062	2a. Mailing Address 26 425 Huehl Rd Suite, Apt. #, etc. 27 Bldg. # 21 City & State 28 Northbrook IL Zip 29 60062	Country 25 USA 30 USA
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3. Date Incorporated or Qualified 11/01/1996	4. FEI Number 36-3506810	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	- \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	- \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, GLENN A	1.2 NAME	
STREET ADDRESS	105 REVERE DR #E	1.3 STREET ADDRESS	425 Huehl Rd Bldg. # 21
CITY - ST - ZIP	NORTHBROOK IL 60062	1.4 CITY - ST - ZIP	Northbrook IL 60062
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOCHMAN, JOEL L	2.2 NAME	
STREET ADDRESS	105 REVERE DR #E	2.3 STREET ADDRESS	425 Huehl Rd Bldg. # 21
CITY - ST - ZIP	NORTHBROOK IL 60062	2.4 CITY - ST - ZIP	Northbrook IL 60062
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(f), 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:

 SIGNED

1-15-98 847-564-444

CR2E034 (10/97)