

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

FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F97000005605 (7)

1. Corporation Name

FIRST CHICAGO NBD INVESTMENT SERVICES, INC.

Principal Place of Business

ONE FIRST NATIONAL PLAZA, SUITE 0849
CHICAGO IL 60670

Mailing Address

ONE FIRST NATIONAL PLAZA, SUITE 0849
CHICAGO IL 60670

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	36-3414092	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

LONDEREE, DONALD L
1515 N. FEDERAL HIGHWAY
SUITE 100
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWES, RICHARD K	1.2 NAME	
STREET ADDRESS	1181 TIMBER LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE FOREST IL 60045	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGENAH, WILLIAM J	2.2 NAME	
STREET ADDRESS	315 WARWICK ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	KENILWORTH IL 60043	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARUBA, SANDRA	3.2 NAME	15 W. Franklin Ave.
STREET ADDRESS	271 WESTBROOK CIRCLE	3.3 STREET ADDRESS	Naperville IL 60540
CITY-ST-ZIP	NAPERVILLE IL 60565	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAINE, STEPHEN J	4.2 NAME	
STREET ADDRESS	808 HILL ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINNETKA IL 60093	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOOTE, MARION R	5.2 NAME	
STREET ADDRESS	1209 N. ASTOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERTSON, THOMAS E	6.2 NAME	
STREET ADDRESS	ONE FIRST NATIONAL PLAZA, SUITE 0840	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60670-0849	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)(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, or on an attachment with an address.

SIGNATURE:

SIGNATURE: CARUBA

1/28/98 312/332-4291

CR2E034 (10/97)