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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9800006183				02-17-1999 90082 017 ****150.00	
TERRA SECURITIES CORPORATION					
Principal Place of Business Mailing Address					aniti antii asiin aliat (läät ihihä itii täbi
2015 SPRING RD., STE. 550 OAK BROOK IL 60523 OAK BROOK IL 60523 OAK BROOK IL 60523)	DO NOT WRITE	EIN THIS SPACE
				3. Date Incorporated or Qualifed	THE THIS STATE
				11/09/1998	
⊢ `	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	<u>-</u>	36-3120284	Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certifcate of Status Desired	See Required
City & Sta	ite	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current	
24	25		30	Personal Property Tax.	☐ Yes 🗖 No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Rec	gistered Agent
СТ	CORPORATION SYSTEM	. '	81 Name		
1200 SOUTH PINE ISLAND ROAD			82 Street Add	lress (P.O. Box Number is Not Acceptable	e)
PLANTATION FL 33324			83	 (The Latting Statement Address) Late (一定 Annual Community Com	And the state of t
			84 City	र रक्षास्त्रम् । अत्यक्षः इत्राप्तः विवेदिविस्तिवि	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the pu	proose of changing its registered
omice or i	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	Florida. Such change was au	thorized by the corporati	poration submits this statement for the pu ion's board of directors. I hereby accept the	pose of changing its registered he appointment as registered
agent. I a	registered agent, or both, in the State of	Florida. Such change was au	thorized by the corporati	poration submits this statement for the pu ion's board of directors. I hereby accept the	rpose of changing its registered he appointment as registered
agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligatio Signature, typed or printed name of registered agent a	Florida. Such change was au- ons of, Section 607.0505, Flori- and title if applicable. (NOTE: f	thorized by the corporati da Statutes. Registered Agent signature require	ion's board of directors. I hereby accept the	he appointment as registered
agent. I a SIGNATURE	registered agent, or both, in the State of am familiar with, and accept the obligation Signature, typed or printed name of registered agent a OFFICERS AND	Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: f DIRECTORS	thorized by the corporati da Statutes. Registered Agent signature require	ed when reinstating) : See ADDITIONS/CHANGES TO OFFIC	DATE DERS AND DIRECTORS IN 12
agent. I a SIGNATURE 12.	registered agent, or both, in the State of am familiar with, and accept the obligation Signature, typed or printed name of registered agent a OFFICERS AND PD	Florida. Such change was au- ons of, Section 607.0505, Flori- and title if applicable. (NOTE: f	thorized by the corporation do Statutes. Registered Agent signature require 13. 1.1 TITLE	ion's board of directors. I hereby accept the	he appointment as registered
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SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State of am familiar with, and accept the obligation of signature, typed or printed name of registered agent a OFFICERS AND PD REEDY, DAVID 2015 SPRING RD., STE. 550	Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: f DIRECTORS	thorized by the corporation do Statutes. Registered Agent signature requires 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS	ed when reinstating) : See ADDITIONS/CHANGES TO OFFIC	DATE DERS AND DIRECTORS IN 12
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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 trusted 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, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #