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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G85341 (7)
1. Corporation Name
NORTHERN TRUST OF FLORIDA CORPORATION



Principal Place of Business Mailing Address
% C T CORPORATION SYSTEM
8751 W. BROWARD BLVD.
PLANTATION FL 33324
NORTHERN TRUST OF FLORIDA CORPORATION
CORPORATE-TAX- 50 S. LASALLE ST.
CHICAGO IL 60675
US

3. Date Incorporated or Qualified 02/17/1984 3a. Date of Last Report 07/22/1996
4. FEI Number 36-3281177 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 c/o Peggy Walsh, M-9
22 City & State 27 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324
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 CD ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition
NAME HASTINGS, BARRY G. 1.2 NAME
STREET ADDRESS 50 S. LASALLE STREET 1.3 STREET ADDRESS
CITY-ST-ZIP CHICAGO IL 1.4 CITY-ST-ZIP
TITLE PD ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition
NAME STEVENS, MARKS 2.2 NAME
STREET ADDRESS 700 BRICKELL AVENUE 2.3 STREET ADDRESS
CITY-ST-ZIP MIAMI FL 2.4 CITY-ST-ZIP
TITLE T ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition
NAME SIGSBEE, H. JAMES 3.2 NAME
STREET ADDRESS 700 S. BRICKELL AVE. 3.3 STREET ADDRESS
CITY-ST-ZIP MIAMI FL 3.4 CITY-ST-ZIP
TITLE S ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition
NAME LYNCH, STEPHEN A. III 4.2 NAME
STREET ADDRESS 700 BRICKELL AVE. 4.3 STREET ADDRESS
CITY-ST-ZIP MIAMI FL 4.4 CITY-ST-ZIP
TITLE D ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition
NAME AGUIRRE, HORACIO P. 5.2 NAME
STREET ADDRESS 700 BRICKELL AVENUE 5.3 STREET ADDRESS
CITY-ST-ZIP MIAMI FL 5.4 CITY-ST-ZIP
TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I do 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] 5/17/97 (3M) 630-6648

CR2E034 (9/96)