


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90013 008 ***150.00

DOCUMENT # G85341	
1. Entity Name NORTHERN TRUST OF FLORIDA CORPORATION	

Principal Place of Business % C T CORPORATION SYSTEM 8751 W. BROWARD BLVD. PLANTATION, FL 33324	Mailing Address C/O R. ELLIS 50 S. LASALLE ST., M9 CHICAGO, IL 60675 US
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01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3281177	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REGAN, DOUGLAS P 700 BRICKELL AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MORRISON, WILLIAM L 50 SOUTH LASALLE STREET CHICAGO, IL 60675
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MC CROSKEY, RICHARD 50 S LA SALLE ST CHICAGO, IL 60675
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYNCH, STEPHEN A. III 700 BRICKELL AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKS, WALTER L 700 BRICKELL AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O JANOVSKY, BRUCE 50 SOUTH LASALLE ST CHICAGO, IL 60675

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Bruce C Janovsky</i>	2/9/06	312.626.648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

Bruce C Janovsky