FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL 14 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J28083

1. Corporation Name
Godwins Investment Advisers, Inc.
123 N. Wacker Drive
Chicago Illinois 60606

Principal Place of Business
123 N. Wacker Dr.
Chicago IL. 60606

Mailing Address
123 N. Wacker Dr. 26Th Fl.
Chicago IL. 60606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/08/1986
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22 123 N. Wacker Dr.
City & State
23 Chicago Illinois
Zip 24 60606
Country 25 U.S.

2a. Mailing Address
26
Suite, Apt. #, etc.
27 123 N. Wacker Dr. 26Th Fl.
City & State
28 Chicago Illinois
Zip 29 60606
Country 30 U.S.

4. FEI Number: 592706923 — 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

9. Name and Address of Current Registered Agent
CT Corporation System
1200 S. 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 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 (type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	☐ Change ☐ Addition
NAME	Ogle, Walter	12 NAME	
STREET ADDRESS	123 N. Wacker Drive	13 STREET ADDRESS	
CITY-ST-ZIP	Chicago, Illinois 60606	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	700001540607
STREET ADDRESS		23 STREET ADDRESS	-07/18/95--01106--017
CITY-ST-ZIP		24 CITY-ST-ZIP	****200.00 ****200.00
TITLE	S.	31 TITLE	☐ Change ☐ Addition
NAME	Catherine M. Lyczko	32 NAME	
STREET ADDRESS	123 N. Wacker Drive	33 STREET ADDRESS	
CITY-ST-ZIP	Chicago, Illinois 60606	34 CITY-ST-ZIP	
TITLE	T/D	41 TITLE	☐ Change ☐ Addition
NAME	Cynthia P. Adams	42 NAME	
STREET ADDRESS	123 N. Wacker Drive	43 STREET ADDRESS	
CITY-ST-ZIP	Chicago, Illinois 60606	44 CITY-ST-ZIP	
TITLE	V/P	51 TITLE	☐ Change ☐ Addition
NAME	Jerome S. Hanner	52 NAME	
STREET ADDRESS	123 N. Wacker Drive	53 STREET ADDRESS	
CITY-ST-ZIP	Chicago Illinois 60606	54 CITY-ST-ZIP	
TITLE	V/D	61 TITLE	☐ Change ☐ Addition
NAME	Angela Parrish	62 NAME	
STREET ADDRESS	123 North Wacker Drive	63 STREET ADDRESS	
CITY-ST-ZIP	Chicago, Illinois 60606	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Catherine M. Lyczko Catherine M. Lyczko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #