

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 2:03

DOCUMENT # **P02782** (1)
1. Corporation Name
NORTHERN TRUST SECURITIES, INC.

Principal Place of Business Mailing Address
50 S. LASALLE STREET, M-11 CHICAGO IL 60675 **50 S. LASALLE STREET, M-11 CHICAGO IL 60675**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 50 S. LASALLE STREET, B-12		2a. Mailing Address 26 50 S. LASALLE STREET, B-12		3. Date Incorporated or Qualified 07/23/1984	3a. Date of Last Report 03/28/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 36-3010241	Applied For Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 Country		30 Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

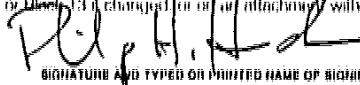
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				FL	B5 Zip Code

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HOGGE, JOHN W. 50 S. LASALLE ST. CHICAGO IL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE	V BRANCATO, R. GEORGE 50 S. LASALLE ST. CHICAGO IL	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
TITLE	V MARRELLO, RAYMOND J. 50 S. LASALLE ST. CHICAGO IL	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE	V RUSSELL, JONES L. 50 S. LASALLE ST. CHICAGO IL	41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	PHILIP H. HERNDON
STREET ADDRESS		43. STREET ADDRESS	50 S. LASALLE ST.
CITY, ST, ZIP		44. CITY, ST, ZIP	CHICAGO, IL
TITLE	V WENNLUND, LLOYD 50 S. LASALLE ST. CHICAGO IL	51. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	DAVID NICKEL
STREET ADDRESS		53. STREET ADDRESS	50 S. LASALLE ST.
CITY, ST, ZIP		54. CITY, ST, ZIP	CHICAGO, IL
TITLE	D BENDA, PAUL D. 50 S. LASALLE ST. CHICAGO IL	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		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)(b), 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 and/or only that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 907, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes to or of attachments with an address.

SIGNATURE:  **PHILIP H. HERNDON** 3.23.95 312 444 5696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #