

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P02782 (1)

1. Corporation Name  
**NORTHERN TRUST SECURITIES, INC.**



Principal Place of Business: 50 S. LASALLE STREET, B-12, CHICAGO IL 60675 US  
Mailing Address: 50 S. LASALLE STREET, B-12, CHICAGO IL 60675 US

3. Date Incorporated or Qualified: 07/23/1984  
3a. Date of Last Report: 03/28/1995  
4. FEI Number: 36-3010241  
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: 21 50 S. LASALLE ST, 12TH FL. Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 50 S. LASALLE ST, 12TH FL. Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

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  
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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: \_\_\_\_\_  
Signature: Sign and print name of registered agent and the corporation. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOGGE, JOHN W.	
STREET ADDRESS	50 S. LASALLE ST.	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRANCATO, R. GEORGE	
STREET ADDRESS	50 S. LASALLE ST.	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MARRELLO, RAYMOND J.	
STREET ADDRESS	50 S. LASALLE ST.	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HERNDON, PHILIP H.	
STREET ADDRESS	50 S. LASALLE STREET	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NICKEL, DAVID	
STREET ADDRESS	50 S. LASALLE ST	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENDA, PAUL D.	
STREET ADDRESS	50 S. LASALLE ST.	
CITY-STATE-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: *Philip H. Herndon* PHILIP H. HERNDON 2-23-96 3124445696  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Exp. Date of Signature Phone #

CR2E034 (12/95)