


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

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

| | |
|--|---|
| Principal Place of Business 50 S. LaSalle Street Chicago, IL 60675 | Mailing Address 50 S. LaSalle Street c/o Peggy Walsh, M-9 Chicago, Illinois 60675 |
|--|---|

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

| | |
|---|--|
| 3. Date Incorporated or Qualified 7/23/94 | 3a. Date of Last Report 4/16/96 |
| 4. FEI Number 36-3010241 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 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, Florida 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 |

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|---|---|
| TITLE | P, D | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Lloyd A. Wennlund | 12 NAME | |
| STREET ADDRESS | 50 South LaSalle Street | 13 STREET ADDRESS | |
| CITY - ST - ZIP | Chicago, IL 60675 | 14 CITY - ST - ZIP | |
| TITLE | D | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Paul D. Benda | 22 NAME | |
| STREET ADDRESS | 50 South LaSalle Street | 23 STREET ADDRESS | |
| CITY - ST - ZIP | Chicago, IL 60675 | 24 CITY - ST - ZIP | |
| TITLE | D, V | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | R. George Brancato | 32 NAME | |
| STREET ADDRESS | 50 South LaSalle Street | 33 STREET ADDRESS | |
| CITY - ST - ZIP | Chicago, IL 60675 | 34 CITY - ST - ZIP | |
| TITLE | V | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Raymond J. Mareello | 42 NAME | |
| STREET ADDRESS | 50 South LaSalle Street | 43 STREET ADDRESS | |
| CITY - ST - ZIP | Chicago, IL 60675 | 44 CITY - ST - ZIP | |
| TITLE | S | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Robert A. Matasar | 52 NAME | |
| STREET ADDRESS | 50 South LaSalle Street | 53 STREET ADDRESS | |
| CITY - ST - ZIP | Chicago, IL 60675 | 54 CITY - ST - ZIP | |
| TITLE | V | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Philip Herndon | 62 NAME | |
| STREET ADDRESS | 50 South LaSalle Street | 63 STREET ADDRESS | |
| CITY - ST - ZIP | Chicago, IL 60675 | 64 CITY - ST - ZIP | |

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*****165.00**

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: **Brian C. [Signature]** Date: **4/17/97** Daytime Phone #: **312-630-6648**

CR2E034 (9/96)