

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

FILED

**Mar 27 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02782 (1)
 1. Corporation Name
NORTHERN TRUST SECURITIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 50 S LASALLE ST 12TH FLOOR CHICAGO IL 60675 US	Mailing Address 50 S LASALLE ST 12TH FLOOR CHICAGO IL 60675 US
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3. Date Incorporated or Qualified 07/23/1984	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LLOYD, WENNLUND A-	
STREET ADDRESS	50 S LASALLE ST	
CITY-ST-ZIP	CHICAGO IL 60675	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BRANCATO, R. GEORGE	
STREET ADDRESS	50 S. LASALLE ST.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MARRELLO, RAYMOND J.	
STREET ADDRESS	50 S. LASALLE ST.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HERNDON, PHILIP H.	
STREET ADDRESS	50 S. LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MATASAR, ROBERT A	
STREET ADDRESS	50 S LASALLE ST	
CITY-ST-ZIP	CHICAGO IL 60675	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENDA, PAUL D.	
STREET ADDRESS	50 S. LASALLE ST.	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WENNLUND, LLOYD A
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Nickel, David E.
2.3 STREET ADDRESS	50 S. LaSalle Street
2.4 CITY-ST-ZIP	Chicago, IL 60675
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Salata, Timothy J.
3.3 STREET ADDRESS	50 S. LaSalle Street
3.4 CITY-ST-ZIP	Chicago, IL 60675
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Janovsky, Bruce C
4.3 STREET ADDRESS	50 South LaSalle Street
4.4 CITY-ST-ZIP	Chicago, IL 60675
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DV
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *James C. Demaree* 3/17/98 311-630-6678

CR2E034 (10/97)