

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90018 050 ***150.00

DOCUMENT # P02782

1. Entity Name

NORTHERN TRUST SECURITIES, INC.

Principal Place of Business

Mailing Address

50 S LASALLE ST
 12TH FLOOR
 CHICAGO IL 60675
 US

50 S LASALLE ST
 12TH FLOOR
 CHICAGO IL 60675-0001
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3010241

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENNLUND, LLOYD A.	NAME	
STREET ADDRESS	50 S LASALLE ST	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60675	CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> Delete	TITLE	DV <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANCATO, R. GEORGE	NAME	Nickel, David E.
STREET ADDRESS	50 S. LASALLE ST.	STREET ADDRESS	50 S. LaSalle St.
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	Chicago, IL 60675
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRELLO, RAYMOND J.	NAME	
STREET ADDRESS	50 S. LASALLE ST.	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANOVSKY, BRUCE C	NAME	
STREET ADDRESS	50 SOUTH LASALLE ST	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60675	CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENDA, PAUL D.	NAME	Meade, Christopher H.
STREET ADDRESS	50 S. LASALLE ST.	STREET ADDRESS	50 S. LaSalle St.
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	Chicago, IL 60675
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bruce C. Janovsky
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/2000
 Date

312-630-6648
 Daytime Phone #

CR2E034 (9/99)