


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02782</b> 1. Entity Name NORTHERN TRUST SECURITIES, INC.		
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	



01312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 36-3010241	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WENNLUND, LLOYD A 50 S LASALLE ST CHICAGO, IL 60675
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV NICKEL, DAVID K 50 S. LASALLE ST. CHICAGO, IL 60675
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KEMPERS, DAVID S 50 SOUTH LASALLE ST CHICAGO, IL 60675
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MEADE, CHRISTOPHER H 50 S. LASALLE ST. CHICAGO, IL 60675
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WESLEY, RINGO 50 SOUTH LASALLE ST. CHICAGO, IL 60675
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JANOVSKY, BRUCE 50 SOUTH LASALLE ST. CHICAGO, IL 60675

00000247032  
 0-311705-80003-016 150.00

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12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce C Janovsky Bruce C JANOVSKY 2/3/05 312-630-6648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Substantive official*