

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P03662** (4)  
1. Corporation Name  
**AON SECURITIES CORPORATION**



Principal Place of Business <b>123 N. WACKER DR 26TH FLOOR CHICAGO IL 60606 US</b>	Mailing Address <b>P.O. BOX 8264 CHICAGO IL 60606 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/10/1984</b>	
21		26		4. FEI Number <b>13-2642812</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip	25	Country	29	30
				<b>60680</b>	

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
FL	85 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	St Asst. V.P. - Taxes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BARRETT, STEPHEN W.			1.2 NAME	Susan Fyda		
STREET ADDRESS	123 N WACKER DR.			1.3 STREET ADDRESS	123 N. Wacker Dr.		
CITY-ST-ZIP	CHICAGO IL 60606			1.4 CITY-ST-ZIP	Chicago, IL 60606		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Chairman/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LAWLER, GEORGE W.			2.2 NAME	Michael A. Conway		
STREET ADDRESS	123 N WACKER DR.			2.3 STREET ADDRESS	123 N. Wacker Dr.		
CITY-ST-ZIP	CHICAGO IL			2.4 CITY-ST-ZIP	Chicago, IL 60606		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRAUSE KARL W JR			3.2 NAME			
STREET ADDRESS	123 N WACKER DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL			3.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		4.1 TITLE	Treasurer/Controller/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HANNER, JEROME S.			4.2 NAME	Rodney G. Ensley		
STREET ADDRESS	123 N WACKER DR.			4.3 STREET ADDRESS	123 N. Wacker Dr.		
CITY-ST-ZIP	CHICAGO IL			4.4 CITY-ST-ZIP	Chicago, IL 60606		
TITLE	DP	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARB, LAWRENCE E			5.2 NAME			
STREET ADDRESS	123 N. WACKER DR.			5.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60606			5.4 CITY-ST-ZIP			
TITLE	C	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAWRENCE, BRIAN			6.2 NAME			
STREET ADDRESS	123 N WACKER DR.			6.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60606			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

*[Signature]* Susan Fyda 12/22/98 04/29/98

CR2E034 (10/97)