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



## **Katherine Harris**

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00				FILED	
ا ئرو	PROFIT	FLORIDA DEPAR	TMENT OF STATE	Apr 30, 1999 8:00 a Secretary of State	m
COR	RPORATION (1)	Katherin	e Harris	Converse of Charles	
ANNU	JAL REPORT	Secretary	of State	Secretary of State	
	1999	DIVISION OF CO	ORPORATIONS	04-30-1999 90170 042 ***150.00	
DOCUMENT # P03662				1	
AON SECURITIES CORPORATION					
AUN SEC	JUNITIES CONFUNKTION			1 (00)(20)( 21)	21 1 <b>8 8</b> 1
Principal Place of Business Mailing Address					
123 N. WACKER DR P.O. BOX 8264					
28TH FLOOR CHICAGO IL 60680					
CHICAGO IL 60606 US			•	DO NOT WRITE IN THIS SPACE	
US				3. Date Incorporated or Qualifed 10/10/1984	· 1
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied F	or
21		26		13-2642812 Not Appli	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5 Cartificate of Status Desired   \$8.75 Additio	
22		27		Fee Required	
City & State	В	City & State		6. Election Campaign Financing S5.00 May E Trust Fund Contribution Added to Fee	
Zip	Country	Zip	Country	This corporation owes the current year Intengible	
24	25		30	Personal Property Tax. Yes □No	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM					
1200 S. PINE ISLAND ROAD			82 Street A	Address (P.O. Box Number is Not Acceptable)	1
PLANTATION FL 33324		83		-	
			84 City	85 Zip Code	
			Owl City	FL   S   Z   P   S   S   S   S   S   S   S   S   S	
office or re	egistered agent, or both, in the State	of Florida. Such change was au	thorized by the corpo	corporation submits this statement for the purpose of changing its registi	ered ed
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thorized by the corpo		ered ed
office or re	egistered agent, or both, in the State	of Florida. Such change was au ations of, Section 607.0505, Flori	thorized by the corpo	corporation submits this statement for the purpose of changing its registration's board of directors. I hereby accept the appointment as registere	ered ed
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6.3 STREET ADDRESS
12.3 N. WOCKET DY.
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 1(1) 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, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

312 701-3640