

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90170 042 ***150.00

DOCUMENT # P03662

1. Corporation Name
AON SECURITIES CORPORATION

Principal Place of Business

123 N. WACKER DR
26TH FLOOR
CHICAGO IL 60606
US

Mailing Address

P.O. BOX 6264
CHICAGO IL 60680
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1984

4. FEI Number

13-2642812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☒ DELETE

NAME FYDA, SUSAN
STREET ADDRESS 123 N WACKER DR
CITY-ST-ZIP CHICAGO IL 60606

TITLE CD ☐ DELETE

NAME CONWAY, MICHAEL A
STREET ADDRESS 123 N WACKER DR.
CITY-ST-ZIP CHICAGO IL

TITLE TCD ☒ DELETE

NAME ENSLEY, RODNEY G
STREET ADDRESS 123 N WACKER DR
CITY-ST-ZIP CHICAGO IL

TITLE AS ☐ DELETE

NAME HANNER, JEROME S.
STREET ADDRESS 123 N WACKER DR.
CITY-ST-ZIP CHICAGO IL

TITLE DP ☒ DELETE

NAME HARB, LAWRENCE E
STREET ADDRESS 123 N. WACKER DR.
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Jerome I. Baer
1.3 STREET ADDRESS 123 N. Wacker Dr.
1.4 CITY-ST-ZIP Chicago, IL 60606

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE P+D ☐ Change ☒ Addition

3.2 NAME Kevin Diamond
3.3 STREET ADDRESS 123 N. Wacker Dr.
3.4 CITY-ST-ZIP Chicago, IL 60606

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME T Arlene H. Hardy
5.3 STREET ADDRESS 123 N. Wacker Dr.
5.4 CITY-ST-ZIP Chicago, IL 60606

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME D Brian Lawrence
6.3 STREET ADDRESS 123 N. Wacker Dr.
6.4 CITY-ST-ZIP Chicago, IL 60606

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE A

JEROME I. BAER / V.P.-TAXES

4/28

Date

/99

Daytime Phone #

312 701-3640

CR2E034 (1/98)