FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 4:17

DOCUMENT # **P09253** **(6)**

1. Corporation Name
JMB SECURITIES CORPORATION

Principal Place of Business	Mailing Address
900 N MICHIGAN AVE SUITE 2000 CHICAGO IL 60611-8575	900 N MICHIGAN AVE SUITE 2000 CHICAGO IL 60611-8575

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/25/1986
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

Suite, Apt. #, etc. (22): Attn: Mona Sarnoff
Suite, Apt. #, etc. (27): Attn: Mona Sarnoff

City & State (23)
City & State (28)

Zip (24) County (25)
Zip (29) County (30)

4. FEI Number: 36-2801720 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	MALKIN, JUDD D.	12 NAME		
STREET ADDRESS	900 N MICHIGAN AVE	13 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	14 CITY-ST-ZIP		
TITLE	AVS	21 TITLE		☒ Change ☐ Addition
NAME	YATES, KEVIN B	22 NAME	Delete	
STREET ADDRESS	900 N MICHIGAN AVE	23 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	24 CITY-ST-ZIP		
TITLE	VSX	31 TITLE	Vice President & Secretary	☒ Change ☐ Addition
NAME	GLATT, ALVIN B.	32 NAME	Glatt, Alvin B.	
STREET ADDRESS	900 N MICHIGAN AVE	33 STREET ADDRESS	900 North Michigan Avenue	
CITY-ST-ZIP	CHICAGO IL	34 CITY-ST-ZIP	Chicago, IL 60611-1575	
TITLE		41 TITLE	Vice President & Treasurer	☐ Change ☒ Addition
NAME		42 NAME	Miller, Avrum	
STREET ADDRESS		43 STREET ADDRESS	900 North Michigan Avenue	
CITY-ST-ZIP		44 CITY-ST-ZIP	Chicago, IL 60611-1575	
TITLE		51 TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME		52 NAME	Sarnoff, Mona	
STREET ADDRESS		53 STREET ADDRESS	900 North Michigan Avenue	
CITY-ST-ZIP		54 CITY-ST-ZIP	Chicago, IL 60611-1575	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Mona Sarnoff, Asst. Secretary 4/4/95 (312)915-1969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

03P09253 CP