

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P10936 (3)

1. Corporation Name

STEIN ROE & FARNHAM INCORPORATED



Principal Place of Business

ONE SOUTH WACKER DR
CHICAGO IL 60606

Mailing Address

ONE SOUTH WACKER DR
CHICAGO IL 60606

3. Date Incorporated or Qualified

07/28/1986

3a. Date of Last Report

04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

36-3447638

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

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

VICTOR DELMO
STEIN ROE & FARNHAM INCORPORATED
100 NE 3RD AVENUE, SUITE 800
FORT LAUDERDALE FL 33301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
ANDERSON, JAMES L
STREET ADDRESS
1 SO. WACKER DR
CITY-ST-ZIP
CHICAGO IL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
COUNTRYMAN, GARY L.
STREET ADDRESS
175 BERKELEY ST.
CITY-ST-ZIP
BOSTON MA

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
KENNETH J. KOZANDA
STREET ADDRESS
1 S. WACKER DRIVE, #3100
CITY-ST-ZIP
CHICAGO IL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
ANDREWS, WILLIAM D
STREET ADDRESS
1 S. WACKER DR., #3300
CITY-ST-ZIP
CHICAGO IL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
KENNETH R. LIEBLER
STREET ADDRESS
FEDERAL RESERVE PLAZA
CITY-ST-ZIP
BOSTON MA

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
ANETSBERGER, GARY A
STREET ADDRESS
ONE S WACKER DRIVE
CITY-ST-ZIP
CHICAGO IL

6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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 Book 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kenneth J. Kozanda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-96

Date

(312) 368-7670

Daytime Phone #

CR2E034 (12/95)