

**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**  
4. FEI Number: **36-3447638**  
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

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24  
Country: 25  
City & State: 27  
City & State: 28  
Zip: 29  
Country: 30

**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  
85 Zip Code  
**FL**

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	SVP	<input type="checkbox"/> DELETE
NAME	ANDERSON, JAMES L	
STREET ADDRESS	1 SO. WACKER DR	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COUNTRYMAN, GARY L.	
STREET ADDRESS	175 BERKELEY ST.	
CITY-ST-ZIP	BOSTON MA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KENNETH J. KOZANDA	
STREET ADDRESS	1 S. WACKER DRIVE, #3100	
CITY-ST-ZIP	CHICAGO IL	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	ANDREWS, WILLIAM D	
STREET ADDRESS	1 S. WACKER DR., #3300	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENNETH R. LIEBLER	
STREET ADDRESS	FEDERAL RESERVE PLAZA	
CITY-ST-ZIP	BOSTON MA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ANETSBERGER, GARY A	
STREET ADDRESS	ONE S WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kenneth J. Kozanda* **2-27-96** (312) 368-7670  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Phone #

CR2E034 (12/95)