PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. AFFILOVED FLORIDA DEPARTMENT OF STATE

*APPLICATION FOR 399 PREINSTATEMENT



Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS**

97 SEP 15 AM 8:39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

RJO Securities, Inc.

| : | | | NO XXX | PLABY | 2. | · · · · · · · · · · · · · · · · · · · | |
|---|--|-----------------------|---|------------------------|--|---------------------------------------|--|
| Principal Place of Business Malling Address | | | | | | | |
| 555 West Jackson Boulevard Chicago, IL. 60661 | | | | | EINST | 'ATEMEN' | 93-97 a. alass |
| If above a | addresses are incorrect in any way, line thr | ough incorrect i | nformation and enter | correction below. | | | a was |
| | | | ling Office Address, If Applicable | | Date Incorporated or Qualified To Do Business in Florida 7/28/87 | | |
| Suite, Apt. #, etc. Suite, Apt. # | | | - - . | | 5. FEI Number Applied For | | |
| City & State City & State | | |) | | 36-3233364 Not Applicable | | |
| Zip | Country | Z ip | Country | у | 6. CERTIFICATI | E OF STATUS DESIRED | \$8.75 Additional Eve required for a Certificate of Status |
| 7. Names | and Street Addresses of Each Officer and/ | or Director (Flo | | | | | |
| Title(s) | Name of Officers and/or Directors 2 | | Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) | | | City / State / Zip | |
| Pres | Robert J. O'Brien | , Jr. | 1824 Tr | ails Edge | Dr. | Northbroo | k, IL. 60062 |
| VP/Sec | George H. Rohrs, | 270 Harbor Street | | | Glencoe, IL. 60022 | | |
| CFO Gerald F. Corcoran | | | 5801 No. Kenton | | | Chicago, IL. 60646 | |
| Dir Of Compliance Robert J. Powell | | | 5 Mayflower Rd. | | | Vernon Hills, IL. 6006 | |
| Dir. Robert J. O'Brien, Sr. | | | 1500 Sheridan Road | | | Wilmette, IL. 60093 | |
| | 8. Name and Address of Current f | lealstered Aas | ent | | | l ~09/18/97 | 3 7 1 4 7 0 01082002 00 ***1410.00 ed Agent |
| a rama and passage of our of the rama passage rager | | | | Name | | | |
| 12 | Corporation System 200 South Pine Road | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| Plantation, FL. 32324 | | | | Suite, Apt. #, Etc. | | | |
| , /* | | | City State Zip Code | | | | |
| 10. I, being Sighature o Registered | | X | oration, am familiar wi | th and accept the ob | oligations of Secti | on 607.0505, F.S. Date 9-3- | |
| 11. Do | pes this corporation pay a ppt. of Revenue under S. | ny intang 199.032, | jible tax to th Florida Statu | e utes. Yes [| × No [| (See other | slde for information ntangible tax.) |
| 12. I certify | that I am an officer or director or the receivistatement application, the reason for disco | er or trustee en | npowered to execute t | this application as pr | rovided for in cha | pter 607 or 617, F.S. I furt | her certify that when filing |

owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

8/28/97

312/408-4708

Date

Daytime Phone #