

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90048 040 ***150.00

DOCUMENT # P15368

1. Entity Name

RJO SECURITIES, INC.

Principal Place of Business

**555 WEST JACKSON BLVD.
 CHICAGO IL 60661**

Mailing Address

**555 WEST JACKSON BLVD.
 CHICAGO IL 60661**

2. Principal Place of Business

222 So. Riverside Plaza

3. Mailing Address

Same

Suite, Apt. #, etc.

900

Suite, Apt. #, etc.

City & State

Chicago, IL

Zip

60606

Country

Zip

Country

4. FEI Number **36-2403612**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	O'BRIEN, ROBERT J JR.	
STREET ADDRESS	1824 TRAILS EDGE DRIVE	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	ROHRS, GEORGE H JR.	
STREET ADDRESS	312 JACKSON AVE	
CITY-ST-ZIP	GLENCOE IL 60022	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	CORCORAN, GERALD F	
STREET ADDRESS	6625 NO. LEMAI	
CITY-ST-ZIP	LINCOLNWOOD IL	
TITLE	POC	<input type="checkbox"/> Delete
NAME	POWELL, ROBERT J	
STREET ADDRESS	5 MAYFLOWER RD.	
CITY-ST-ZIP	VERNON HILLS IL 60061	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'BRIEN, ROBERT J SR.	
STREET ADDRESS	915 PINE TREE LANE	
CITY-ST-ZIP	WINNETKA IL 60093	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'BRIEN, JOHN W	
STREET ADDRESS	60 HAZEL STREET	
CITY-ST-ZIP	GLENCOE IL 60022	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/01

312/373-5303

CR2E034 (10/00)