

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 06 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>	<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P16407

1. Corporation Name

ABN AMRO INVESTMENT SERVICES, INC.

Principal Place of Business 181 W. Madison #3200 Chicago, IL. 60602	Mailing Address 135 S. LaSalle St c/o Martin L. Eisenberg Chicago, IL. 60603-4105
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 135 S. LaSalle Street 27 Suite, Apt. #, etc. 27 c/o Martin Eisenberg, Ste. 860 28 City & State 28 Chicago, IL. 29 Zip 29 60603 30 Country 30 USA	3. Date Incorporated or Qualified 10/16/97	4. FEI Number 36-3558925	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No				

9. Name and Address of Current Registered Agent CT Corporation System 1200 S. Pine Island Road Plantation, FL. 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 NAME STREET ADDRESS CITY - ST - ZIP	Pres/Treas/Director <input checked="" type="checkbox"/> DELETE Wilbert A. Thiel 208 S. LaSalle St. Chicago, IL. 60604	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Thomas E. Ryan 208 S. LaSalle St. Chicago, IL. 60604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Chairman/Director <input checked="" type="checkbox"/> DELETE John A. Wing 208 S. LaSalle St. Chicago, IL. 60604	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Alger Chapman 208 S. LaSalle St. Chicago, IL. 60604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director <input checked="" type="checkbox"/> DELETE James Wynsma 135 S. LaSalle St. Chicago, IL. 60603	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John A. Wing 208 S. LaSalle St. Chicago, IL. 60604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director <input type="checkbox"/> DELETE Scott K. Heitmann 135 S. LaSalle St. Chicago, IL. 60603	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President <input type="checkbox"/> DELETE Martin L. Eisenberg 135 S. LaSalle St. Chicago, IL. 60603	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	500002518085 -05/11/98--01019--0525 ***150.00 5.6
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary <input checked="" type="checkbox"/> DELETE Perry L. Taylor, Jr. 208 S. LaSalle St. Chicago, IL. 60604	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Kramer 208 S. LaSalle St. Chicago, IL. 60604

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/98

(312) 904-2209

Date

Daytime Phone #