

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90208 035 ***150.00

DOCUMENT # P16407

1. Corporation Name

ABN AMRO INVESTMENT SERVICES, INC.

Principal Place of Business

~~181 W. MADISON~~
~~#3300~~
~~CHICAGO IL 60602~~
US

Mailing Address

135 S. LASALLE ST
C/O MARTIN L. EISENBERG, STE. 860
CHICAGO IL 60603
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1987

4. FEI Number

36-3558925

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 208 S. LaSalle Street

Suite, Apt. #, etc.

22

City & State

23 Chicago, IL

Zip

24 60604

Country

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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

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

TITLE P ☐ DELETE

NAME RYAN, THOMAS E
STREET ADDRESS 208 S. LASALLE ST.
CITY-ST-ZIP CHICAGO IL 60604

TITLE D ☒ DELETE

NAME WING, JOHN A
STREET ADDRESS 208 S LASALLE ST
CITY-ST-ZIP CHICAGO IL

TITLE C ☒ DELETE

NAME CHAPMAN, ALGER
STREET ADDRESS 208 S. LASALLE ST.
CITY-ST-ZIP CHICAGO IL 60604

TITLE D ☐ DELETE

NAME HEITMAN, SCOTT K.
STREET ADDRESS 135 S. LASALLE ST.
CITY-ST-ZIP CHICAGO IL

TITLE VP ☐ DELETE

NAME EISENBERG, MARTIN L.
STREET ADDRESS 135 S. LASALLE ST.
CITY-ST-ZIP CHICAGO IL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Thomas C. Heagy
2.3 STREET ADDRESS 135 S. LaSalle Street
2.4 CITY-ST-ZIP Chicago, IL 60603

3.1 TITLE S ☐ Change ☒ Addition

3.2 NAME Robert K. Quinn
3.3 STREET ADDRESS 135 S. LaSalle Street
3.4 CITY-ST-ZIP Chicago, IL 60603

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Martin L. Eisenberg* SIGNATURE REQUIRED MARTIN L. EISENBERG, VP 4/26/99 (312) 904-2209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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