

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

**FILED**  
**May 07 1997 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # 831578 (0)**

1. Corporation Name  
**MONTGOMERY WARD AUTO CLUB, INC.**



|   |   |
|---|---|
| Principal Place of Business<br>% DAN BLINDAUER<br>200 N MARTINGALE RD<br>SCHAUMBURG IL 60173-9096 | Mailing Address<br>% DAN BLINDAUER<br>200 N MARTINGALE RD<br>SCHAUMBURG IL 60173-2040 |
|---|---|

|                                |                         |  |  |
|--------------------------------|-------------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address     | 3. Date Incorporated or Qualified<br><b>01/07/1974</b>   | 3a. Date of Last Report<br><b>02/12/1996</b> |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. | 4. FEI Number<br><b>35-1310961</b>   | Applied For<br>Not Applicable                |
| 22. City & State               | 27. City & State        | 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required        |
| 23. Zip                        | 28. Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees           |
| 24. Country                    | 30. Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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**

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 local applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------------|---|--|
| TITLE                      | <b>D</b>                        | 1.1 TITLE   | <b>EXEC VP (FINANCE + ADMINISTRATION)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BRENNAN, BERNARD F.</b>      | 1.2 NAME  | <b>AIAN F. PORTELLI</b>  |
| STREET ADDRESS             | <b>ONE MONTGOMERY WARD PLZ</b>  | 1.3 STREET ADDRESS                                    | <b>200 N. MARTINGALE ROAD</b>  |
| CITY-ST-ZIP                | <b>CHICAGO IL</b>               | 1.4 CITY-ST-ZIP                                       | <b>Schaumburg, IL 60173-2096</b>   |
| TITLE                      | <b>PD</b>                       | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <b>GALLAGHER, RICHARD C.</b>    | 2.2 NAME  |  |
| STREET ADDRESS             | <b>200 NORTH MARTINGALE RD</b>  | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>SCHAUMBURG IL</b>            | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>V</b>                        | 3.1 TITLE   | <b>VP + Controller</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |
| NAME                       | <b>SCHULTZ, JACK R.</b>         | 3.2 NAME  | <b>Sandra K Vollman</b>  |
| STREET ADDRESS             | <b>200 N. MARTINGALE RD.</b>    | 3.3 STREET ADDRESS                                    | <b>200 N. Martingale Road</b>  |
| CITY-ST-ZIP                | <b>SCHAUMBURG IL</b>            | 3.4 CITY-ST-ZIP                                       | <b>Schaumburg, IL 60173-2096</b>   |
| TITLE                      | <b>VS</b>                       | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <b>EUWEMA, JOHN B.</b>          | 4.2 NAME  |  |
| STREET ADDRESS             | <b>200 NORTH MARTINGALE RD.</b> | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>SCHAUMBURG IL</b>            | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>AS</b>                       | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <b>MOYER, LYMAN C.</b>          | 5.2 NAME  |  |
| STREET ADDRESS             | <b>200 NORTH MARTINGALE RD</b>  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>SCHAUMBURG IL</b>            | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>VT</b>                       | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <b>CASEY, PATRICK J.</b>        | 6.2 NAME  |  |
| STREET ADDRESS             | <b>200 N. MARTINGALE RD.</b>    | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>SCHAUMBURG IL</b>            | 6.4 CITY-ST-ZIP                                       |  |

14. I do 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.

SIGNATURE: *Milano*

4/21/97

CR2E034 (9/96)