

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

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 831578 (0)

1. Corporation Name
MONTGOMERY WARD AUTO CLUB, INC.



Principal Place of Business % DAN BLINDAUER 200 N MARTINGALE RD SCHAUMBURG IL 60173-9096	Mailing Address % DAN BLINDAUER 200 N MARTINGALE RD SCHAUMBURG IL 60173-9096
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/07/1974	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 35-1310961	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	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 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
				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 _____ DATE _____
 Signature, typed or printed name of registered agent, and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Exec. VP (Corp. Planning + Info. Services) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTELLI, ALAN F	1.2 NAME	McGann, Sheleen E.
STREET ADDRESS	200 N MARTINGALE RD	1.3 STREET ADDRESS	200 N. Martingale Rd.
CITY-ST-ZIP	SCHAUMBURG IL	1.4 CITY-ST-ZIP	Schaumburg, IL 60173
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, RICHARD C.	2.2 NAME	
STREET ADDRESS	200 NORTH MARTINGALE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	2.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Assistant VP (Portfolio Manager) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLLMAN, SANDRA K	3.2 NAME	Stubbings, Walter E.
STREET ADDRESS	200 N. MARTINGALE RD.	3.3 STREET ADDRESS	200 N. Martingale Rd.
CITY-ST-ZIP	SCHAUMBURG IL	3.4 CITY-ST-ZIP	Schaumburg, IL 60173
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUWEMA, JOHN B.	4.2 NAME	
STREET ADDRESS	200 NORTH MARTINGALE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYER, LYMAN C.	5.2 NAME	
STREET ADDRESS	200 NORTH MARTINGALE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	5.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASEY, PATRICK J.	6.2 NAME	
STREET ADDRESS	200 N. MARTINGALE RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	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.

SIGNATURE: *Patrick J. Casey* PATRICK J. CASEY 1-20-98

CR2E034 (10/97)