


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000001049 1. Entity Name IFC CREDIT CORPORATION	
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Principal Place of Business 8700 WAUKEGAN ROAD, SUITE 100 MORTON GROVE, IL 60053	Mailing Address 8700 WAUKEGAN ROAD, SUITE 100 MORTON GROVE, IL 60053
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07132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3608485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000374094 07/22/05-80007-025 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TREBELS, RUDOLPH D 8700 WAUKEGAN ROAD, SUITE 100 MORTON GROVE, IL 60053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ESTOK, JOHN 8700 WAUKEGAN ROAD, SUITE 100 MORTON GROVE, IL 60053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TREBELS, GARY 8700 WAUKEGAN ROAD, SUITE 100 MORTON GROVE, IL 60053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILEY, JAMES 908 N MICHIGAN AVENUE, SUITE 1080 CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, JAMES JR. 1000 JACKSON AVENUE TOLEDO, OH 43624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUDWIG, LEN 4500 SW KRUSE WAY, SUITE 350 LAKE OSWEGO, OR 97035

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David J Keen Date: 7-20-05 Daytime Phone #: 847-324-1532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR