#### **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

#### DOCUMENT # F04000001049

Entity Name
 IFC CREDIT CORPORATION



# **FILED** Jun 04, 2007 8:00 am Secretary of State

06-04-2007 90008 016 \*\*\*150.00

II O OKL	BIT COM CIVATION							
Principal Place of Business 8700 WAUKEGAN ROAD, SUITE 100 MORTON GROVE, IL 60053		Mailing Address 8700 WAUKEGAN ROAD, SUITE 100 MORTON GROVE, IL 60053		•	101100			
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address	······································					
8700 Waukegan Road		8700 Waukegan Road				LEN 3811 BEIST	<b>                                    </b>	111 <b>03</b> 1 11 1401
- Suite, Apt. #, etc. 100		Suite, Apt. #, etc.		05232007	Chg-P	CR2E(	)34 (12/06)	
8700 WAUKEGAN ROAD, SUITE 100 MORTON GROVE, IL 60053  2. Principal Place of Business - No P.O. Box # 8700 Waukegan Road  - Suite, Apt. #, etc. 100  City & State Morton Grove, IL 60053  Country USA  6. Name and Address of Current Re C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324  8. The above named entity submits this statement for the the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of Higherered agent and  FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007  10. OFFICERS AND DIF 1TILE NAME STREET ADDRESS CITY-ST-ZIP MORTON GROVE, IL 60053  TITLE V NAME STREET ADDRESS CITY-ST-ZIP MORTON GROVE, IL 60053  TITLE VP NAME TREBELS, GARY STREET ADDRESS 8700 WAUKEGAN ROAD, SUITE 1: MORTON GROVE, IL 60053  TITLE VP NAME TREBELS, GARY STREET ADDRESS 8700 WAUKEGAN ROAD, SUITE 1: MORTON GROVE, IL 60053  TITLE VP NAME TREBELS, GARY STREET ADDRESS 8700 WAUKEGAN ROAD, SUITE 1: MORTON GROVE, IL 60053		City & State Morton Grove, IL		4. FEI Numb				pplied For ot Applicable
60053		Zip 60053	Country USA	5. Certificate	of Status Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Current F	Registered Agent	T	7. Name and	Address of New I	Registered		
0.7.0005	ODATION OVOTEM		Name					
1200 SOUTH PINE ISLAND ROAD			Street Add		er is Not Acceptable	le)		
			City		<del></del>	FL	Zip Coc	ie
		the purpose of changing its re	egistered office or r	egistered agent, or bo	oth, in the State of F			, and accept
the obliga	tions of registered agent.							
SIGNATURE.	Signature, typed or printed name of ingistered agent a	nd title if applicable. (NOTE	Registered Agent signatur	e required when reinstating)		DATE		
		9. Election Campaig Trust Fund Contril		\$5.00 May Be Added to Fees	In accordance corporation did			
-		NECTOR	14	ADDITIONS	/CHANGES TO OF	CICEDS AN	DIRECTOR	OC (N. 1.1
		Delete	11.	AUDITIONS	TCHANGES TO UF	FICENS AN	☐ Change	Addition
	TREBELS, RUDOLPH D	_ build	NAME					
	8700 WAUKEGAN ROAD, SUITE 100		STREET ADDRESS					
	<del>                                     </del>	□ Delete	CITY-ST-ZIP		<u>-</u>		☐ Change	Addition
	*	LI Delete	NAME				change	☐ Montion
	8700 WAUKEGAN ROAD, SUITE 100		STREET ADDRESS CITY-ST-ZIP					
	<del></del>	Delete	TITLE				☐ Change	☐ Addition
NAME	TREBELS, GARY	Money	NAME					
	ſ '	100	STREET ADDRESS					
	<del></del>	□ p <sub>e</sub> (s)	CITY-ST-ZIP				☐ Change	☐ Addition
	15	☐ Delete	NAME				☐ Change	☐ Addition
STREET ADDRESS	908 N MICHIGAN AVENUE, SUIT	E 1080	STREET ADDRESS					
CITY - ST - ZIP	CHICAGO, IL 60611	<u> </u>	CITY-ST-2IP	<del></del> -				
TITLE NAME	D WHITE, JAMES JR.	☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS	1000 JACKSON AVENUE		STREET ADDRESS					
CITY-ST-ZIP	TOLEDO, OH 43624		Crty-ST-ZiP					=
TITLE	D	☐ Delete	TITLE			-	☐ Change	Addition
NAME STREET ADDRESS	LUDWIG, LEN 4500 SW KRUSE WAY, SUITE 35	in	NAME STREET ADDRESS					
CITY-ST-ZIP	LAKE OSWEGO, OR 97035		CITY-ST-ZIP					
OIII OI ZI								

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 true tee 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 attack hierally with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTE

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

### ATTACHMENT

	ANNUAL	KEPOKI		_ /\{\    /	JALIMIE	-181				
1. Entity Nam	MENT # F04000001 DIT CORPORATION		i company							
Principal Place	e of Business	Mailing Address		7						
8700 WAUKEGAN ROAD, SUITE 100 MORTON GROVE, IL 60053		8700 WAUKEGAN ROAD, SUITE 100 MORTON GROVE, IL 60053		1/0	1192	56	<b>*</b> /=.			
2. Principal Place of Business - No P.O. Box # 8700 Waukegan Road		3. Mailing Address 8700 Waukegan Road		1 40	1193			i		
- Suite, Apt. #, etc. 100		Suite, Apt. #, etc. 100		05232007	Chg-P	CR2E03	4 (12/06)			
City & State Morton Grove, IL		City & State Morton Grove, IL		4. FEI Number 36-3608			Not	plied For t Applicable		
60053	Country USA	<sup>Zip</sup> 60053	Country USA			L È	Fee Required			
	6. Name and Address of Current	Registered Agent	Nomo	7. Name and A	Address of New	Registered A	jent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name  Street Address (P.O. Box Number is Not Acceptable)						
			City			FL	Zip Code	;		
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or regis	stered agent, or both	i, in the State of F	lorida. I am fa	miliar with,	and accept		
SIGNATURE_	Signature, typed or printed name of registered agent a	nd title if applicable (NOT	E. Registered Agent signature requ	ired when reinstating)	<del></del>	DATE				
l	LE NOW!!! FEE IS \$150.00 ue by September 14, 2007	9. Election Campa Trust Fund Conf	· · · · ·	55.00 May Be dded to Fees	In accordance corporation did					
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/C	CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TREBELS, RUDOLPH D 8700 WAUKEGAN ROAD, SUITE MORTON GROVE, IL 60053	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Delete ESTOK, JOHN J 8700 WAUKEGAN ROAD, SUITE 100 MORTON GROVE, IL 60053		TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP XXDelete TREBELS, GARY 8700 WAUKEGAN ROAD, SUITE 100 MORTON GROVE, IL 60053		TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILEY, JAMES 908 N MICHIGAN AVENUE, SUI' CHICAGO, IL 60611	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, JAMES JR. 1000 JACKSON AVENUE TOLEDO, OH 43624	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUDWIG, LEN 4500 SW KRUSE WAY, SUITE 3 LAKE OSWEGO, OR 97035	Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			· · · · · · · · · · · · · · · · ·	☐ Change	Addition		
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receipt or trustee empor or on an attacp mentwith an address, v	true and accurate and that wered to execute this repor	my signature shall have to t as required by Chapter	he same legal effect	t as if made unde	r oath, that I a	m an officer	or director		