


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-04-2007 90008 016 ***150.00

DOCUMENT # F04000001049

1. Entity Name
IFC CREDIT CORPORATION



Principal Place of Business
**8700 WAUKEGAN ROAD, SUITE 100
 MORTON GROVE, IL 60053**

Mailing Address
**8700 WAUKEGAN ROAD, SUITE 100
 MORTON GROVE, IL 60053**

2. Principal Place of Business - No P.O. Box #
8700 Waukegan Road

3. Mailing Address
8700 Waukegan Road

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.
100

City & State
Morton Grove, IL

City & State
Morton Grove, IL

Zip
60053

Country
USA

Zip
60053

Country
USA

05232007 Chg-P CR2E034 (12/06)

4. FEI Number
36-3608485

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \$150.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TREBELS, RUDOLPH D 8700 WAUKEGAN ROAD, SUITE 100 MORTON GROVE, IL 60053 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ESTOK, JOHN J 8700 WAUKEGAN ROAD, SUITE 100 MORTON GROVE, IL 60053 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TREBELS, GARY 8700 WAUKEGAN ROAD, SUITE 100 MORTON GROVE, IL 60053 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILEY, JAMES 908 N MICHIGAN AVENUE, SUITE 1080 CHICAGO, IL 60611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, JAMES JR. 1000 JACKSON AVENUE TOLEDO, OH 43624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUDWIG, LEN 4500 SW KRUSE WAY, SUITE 350 LAKE OSWEGO, OR 97035 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition


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 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: _____ DATE: **5/30/07** DAYTIME PHONE #: **847-663-6710**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

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2. Principal Place of Business - No P.O. Box # 8700 Waukegan Road		3. Mailing Address 8700 Waukegan Road			
Suite, Apt. #, etc. 100		Suite, Apt. #, etc. 100		05232007 Chg-P CR2E034 (12/06)	
City & State Morton Grove, IL		City & State Morton Grove, IL		4. FEI Number 36-3608485	
Zip 60053		Country USA		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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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SIGNATURE: _____		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 5/30/07 847-663-6710	