



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90108 045 ***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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01022008 Chg-P CR2E034 (12/06)	
Zip		Country		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				7. Name and Address of New Registered Agent	
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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREBELS, RUDOLPH D		NAME		
STREET ADDRESS	8700 WAUKEGAN ROAD, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	MORTON GROVE, IL 60053		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTOK, JOHN J		NAME	Marc Langs	
STREET ADDRESS	8700 WAUKEGAN ROAD, SUITE 100		STREET ADDRESS	8700 Waukegan Road, Suite 100	
CITY-ST-ZIP	MORTON GROVE, IL 60053		CITY-ST-ZIP	Morton Grove, IL 60053	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILEY, JAMES		NAME		
STREET ADDRESS	908 N MICHIGAN AVENUE, SUITE 1080		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60611		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, JAMES JR.		NAME		
STREET ADDRESS	1000 JACKSON AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TOLEDO, OH 43624		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDWIG, LEN		NAME		
STREET ADDRESS	4500 SW KRUSE WAY, SUITE 350		STREET ADDRESS		
CITY-ST-ZIP	LAKE OSWEGO, OR 97035		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Marc Langs		1/10/08 847-663-6700	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	