

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

FILED
May 07 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 # F95000004579

1. Corporation Name

ABN AMRO ACCEPTANCE CORPORATION

Principal Place of Business: 181 W. Madison Street, Chicago, IL. 60602
 Mailing Address: 135 S. LaSalle Street, c/o Martin Eisenberg, Chicago, IL. 60603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/95
 4. FEI Number: 13-3663307
 Applied For: Applied For, Not Applicable
 6. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes, No

2. Principal Place of Business: 21
 2a. Mailing Address: 26 135 S. LaSalle Street
 Suite, Apt. #, etc.: 22 Suite, Apt. #, etc.
 City & State: 23 City & State: 27 c/o Martin Eisenberg, Ste. 860
 Chicago, IL. 28
 Zip: 24 26 60603 29 Country: 30 USA

9. Name and Address of Current Registered Agent: C T Corporation System, 1200 South Pine Island Road, Plantation, FL. 33324
 10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

11. Pursuant to the provisions of Sections 807.0502 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: _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CD <input checked="" type="checkbox"/> DELETE	NAME: Thomas C. Heagy	1.1 TITLE: Asst Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: John Kramer
STREET ADDRESS: 181 W. Madison St.	CITY - ST - ZIP: Chicago, IL. 60602	1.2 NAME: John Kramer	1.3 STREET ADDRESS: 208 S. LaSalle St.
TITLE: President <input checked="" type="checkbox"/> DELETE	NAME: Thomas J. Johnston	2.1 TITLE: President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: John A. Wing
STREET ADDRESS: 181 W. Madison St.	CITY - ST - ZIP: Chicago, IL. 60602	2.2 NAME: John A. Wing	2.3 STREET ADDRESS: 208 S. LaSalle St.
TITLE: CFO/ Treasurer <input checked="" type="checkbox"/> DELETE	NAME: Debra A. Basili	3.1 TITLE: Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Wilbert A. Thiel
STREET ADDRESS: 181 W. Madison St.	CITY - ST - ZIP: Chicago, IL. 60602	3.2 NAME: Wilbert A. Thiel	3.3 STREET ADDRESS: 208 S. LaSalle St.
TITLE: Director <input type="checkbox"/> DELETE	NAME: Robert K. Quinn	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 135 S. LaSalle St.	CITY - ST - ZIP: Chicago, IL. 60674-9135	4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V <input type="checkbox"/> DELETE	NAME: Martin L. Eisenberg	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 135 S. LaSalle St.	CITY - ST - ZIP: Chicago, IL. 60603	5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S <input type="checkbox"/> DELETE	NAME: Kirk P. Flores	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 135 S. LaSalle St.	CITY - ST - ZIP: Chicago, IL. 60603	6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.4 CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. 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 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: _____ 04/30/98 (312) 904-2209
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)

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