

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90213 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000004579

1. Corporation Name
ABN AMRO ACCEPTANCE CORPORATION



Principal Place of Business
**181 W. MADISON ST
 CHICAGO IL 60602**

Mailing Address
**135 S LASALLE ST
 C/O MARTIN L. EISENBERG. STE 860
 CHICAGO IL 60603
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/20/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		13-3663307	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN KRAMER	1.2 NAME	
STREET ADDRESS	208 S LASALLE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60604	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN A WING	2.2 NAME	TIMOTHY O'GORMAN
STREET ADDRESS	208 S LASALLE ST	2.3 STREET ADDRESS	208 S. LASALLE ST.
CITY-ST-ZIP	CHICAGO IL 30604	2.4 CITY-ST-ZIP	CHICAGO, IL 60604
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILBERT A THIEL	3.2 NAME	ROBERT LETCHWORTH
STREET ADDRESS	208 S LASALLE ST	3.3 STREET ADDRESS	208 S. LASALLE ST.
CITY-ST-ZIP	CHICAGO IL 30604	3.4 CITY-ST-ZIP	CHICAGO, IL 60604
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, ROBERT K	4.2 NAME	AARON GADOVAS
STREET ADDRESS	135 S. LASALLE ST	4.3 STREET ADDRESS	208 S. LASALLE ST.
CITY-ST-ZIP	CHICAGO IL 60674-9135	4.4 CITY-ST-ZIP	CHICAGO, IL 60604
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENBERG, MARTIN L	5.2 NAME	
STREET ADDRESS	135 S. LASALLE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60603	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORES, KIRK P	6.2 NAME	
STREET ADDRESS	135 S. LASALLE ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60603	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *[Signature]* U.P.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (11/98)