

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000005041 (7)**

1. Corporation Name

HFC AUTO CREDIT CORP.



Principal Place of Business

100 MITTEL DR.
WOOD DALE IL 60191

Mailing Address

100 MITTEL DR.
WOOD DALE IL 60191

3. Date Incorporated or Qualified 10/17/1995	3a. Date of Last Report
4. FEI Number 36-4039752	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 2700 Sanders Road	26 2700 Sanders Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 Tax - 2 South
City & State	City & State
23 Prospect Heights, IL.	28 Prospect Heights, IL
Zip	Zip
24 60070	29 60070
Country	Country
25 U.S.	30

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

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

Signature of person with authority to register the corporation

Signature of Registered Agent and person submitting this report

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P TIDBLOM, S.A.	1.2 NAME	
STREET ADDRESS	2700 SANDERS RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PROSPECT HEIGHTS IL 66070	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VS MANCINI, R.C.	2.2 NAME	
STREET ADDRESS	2700 SANDERS RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PROSPECT HEIGHTS IL 66070	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VTD MOSS, B.B. JR.	3.2 NAME	
STREET ADDRESS	2700 SANDERS RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PROSPECT HEIGHTS IL 66070	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V BACHA, J.J.	4.2 NAME	Batcha, J.J.
STREET ADDRESS	2700 SANDERS RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PROSPECT HEIGHTS IL 66070	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DV DELUCA, M.A.	5.2 NAME	
STREET ADDRESS	2700 SANDERS ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	PROSPECT HEIGHTS IL 60070	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAS GRUENLOH-FIOLA, P.K.	6.2 NAME	AS Angelo, J. M.
STREET ADDRESS	2700 SANDERS ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	PROSPECT HEIGHTS IL 60070	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Joseph M. Angelo* **Joseph M. Angelo** *4/19/96*
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Asst. Secretary**

CR2E034 (12/95)