

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 14 PM 3: 34

DOCUMENT # P31598 (6)

1. Corporation Name
LASALLE BUSINESS CREDIT, INC.

Principal Place of Business Mailing Address
**135 S LASALLE ST.
STE 400
CHICAGO IL 60603
US** **135 S. LASALLE ST.
STE 400
CHICAGO IL 60603
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/31/1990** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 29 Zip Country

24 25 29 30

4. FEI Number **95-3869440** Applied For Not Applicable

5. 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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 **FL** 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 _____ (NOTE: Registered Agent signature required when installing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHARKEY, MICHAEL D.
STREET ADDRESS	120 S. LASALLE ST.
CITY - ST - ZIP	CHICAGO IL
TITLE	VPT
NAME	LUCHANSKY, JAMES M.
STREET ADDRESS	120 S LASALLE ST.
CITY - ST - ZIP	CHICAGO IL
TITLE	VP
NAME	EISENBERG, MARTIN L.
STREET ADDRESS	135 S LASALLE ST.
CITY - ST - ZIP	CHICAGO IL
TITLE	D
NAME	BOBINS, NORMAN R.
STREET ADDRESS	120 S LASALLE ST
CITY - ST - ZIP	CHICAGO IL
TITLE	D
NAME	HAMMOCK, M. HILL
STREET ADDRESS	120 S LASALLE ST.
CITY - ST - ZIP	CHICAGO IL
TITLE	D
NAME	MACUS, WALTER M.
STREET ADDRESS	120 S LASALLE ST.
CITY - ST - ZIP	CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Director
6.3 STREET ADDRESS	Walter M. Macur
6.4 CITY - ST - ZIP	120 S. LaSalle St. Chicago, IL 60603

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 110.07(3)(b), 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 applicable, or on an attachment with an address.

SIGNATURE: Martin L. Eisenberg **Martin L. Eisenberg 4/4/95 (312) 904-2209**