

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P31598

1. Corporation Name

LaSalle Business Credit, Inc.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified
10/31/1990

3a. Date of Last Report
04/14/95

2. Principal Place of Business

2a. Mailing Address

21 120 S. LaSalle St.

26 135 S. LaSalle St.

4. FEI Number
95-3869440

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 c/o Martin L. Eisenberg
City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Chicago, IL

28 Chicago, IL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip

25 Country
U.S.A.

29 Zip

30 Country
U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

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

Signature typed or printed name of registered agent and title, if applicable

IN THE Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME Sharkey, Michael D.
STREET ADDRESS 120 S. LaSalle St.
CITY-ST-ZIP Chicago, IL 60603

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D DELETE
NAME Bobins, Norman R.
STREET ADDRESS 120 S. LaSalle St.
CITY-ST-ZIP Chicago, IL 60603

TITLE D DELETE
NAME Hammock, M. Hill
STREET ADDRESS 120 S. LaSalle St.
CITY-ST-ZIP Chicago, IL 60603

TITLE D DELETE
NAME Macur, Walter M.
STREET ADDRESS 120 S. LaSalle St.
CITY-ST-ZIP Chicago, IL 60603

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE V Change Addition
2.2 NAME Luchansky, James M.
2.3 STREET ADDRESS 120 S. LaSalle St.
2.4 CITY-ST-ZIP Chicago, IL 60603

3.1 TITLE V Change Addition
3.2 NAME Eisenberg, Martin L.
3.3 STREET ADDRESS 135 S. LaSalle St.
3.4 CITY-ST-ZIP Chicago, IL 60603

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

700001795697
-04/26/96--01021--024
***200.00

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 in an attachment with an address.

SIGNATURE:

Martin L. Eisenberg

04/11/96

(312) 904-2209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

38-0125-96

CR2E034 (12/95)