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May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P31598 (6)
 1. Corporation Name
LASALLE BUSINESS CREDIT, INC.



Principal Place of Business 120 S LASALLE ST. CHICAGO IL 60603 US	Mailing Address 135 S. LASALLE ST. C/O MARTIN L. EISENBERG CHICAGO IL 60603-4105 US
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3. Date Incorporated or Qualified 10/31/1990	3a. Date of Last Report 04/25/1996
4. FEI Number 95-3869440	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 type="checkbox"/> No	

2. Principal Place of Business 21 135 S. LaSalle St. Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 Chicago, IL	27 City & State 28 City & State
24 60603 25 USA	29 USA 30

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
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City
FL B5 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) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARKEY, MICHAEL D.	1.2 NAME	Michael D. Sharkey
STREET ADDRESS	120 S. LASALLE ST.	1.3 STREET ADDRESS	135 S. LaSalle St.
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	Chicago, IL 60603
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Sr. Vice President/Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCHANSKY, JAMES M.	2.2 NAME	Martin J. Battaglia
STREET ADDRESS	120 S LASALLE ST.	2.3 STREET ADDRESS	135 S. LaSalle St.
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	Chicago, IL 60603
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENBERG, MARTIN L.	3.2 NAME	
STREET ADDRESS	135 S LASALLE ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBINS, NORMAN R.	4.2 NAME	Norman R. Bobins
STREET ADDRESS	120 S LASALLE ST	4.3 STREET ADDRESS	135 S. LaSalle St.
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	Chicago, IL 60603
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOCK, M. HILL	5.2 NAME	M. Hill Hammock
STREET ADDRESS	120 S LASALLE ST.	5.3 STREET ADDRESS	135 S. LaSalle St.
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	Chicago, IL 60603
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACUR, WALTER	6.2 NAME	Walter M. Macur
STREET ADDRESS	120 S. LASALLE ST.	6.3 STREET ADDRESS	135 S. LaSalle St.
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP	Chicago, IL 60603

14. I do 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.

SIGNATURE: *Martin L. Eisenberg* **Martin L. Eisenberg 04/24/97 (312) 904-2209**

CR2E034 (9/96)