


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90214 001 ***600.00

DOCUMENT # 807933					
1. Entity Name BENEFICIAL FLORIDA, INC.					
Principal Place of Business 2700 SANDERS RD. ATTN: TAX DEPT PROSPECT HEIGHTS, IL 60070			Mailing Address 2700 SANDERS RD. ATTN: TAX DEPT PROSPECT HEIGHTS, IL 60070		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DETELICH, T M		NAME		
STREET ADDRESS	2700 SANDERS ROAD		STREET ADDRESS		
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROMLEY, N J		NAME		
STREET ADDRESS	2700 SANDERS ROAD		STREET ADDRESS		
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOSS, D B		NAME	Daniel W. Anderson	
STREET ADDRESS	2700 SANDERS ROAD		STREET ADDRESS		
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POLAYES, FAYE M		NAME	Lisa M. Sodeika	
STREET ADDRESS	2700 SANDERS ROAD		STREET ADDRESS		
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANGELO, J M		NAME		
STREET ADDRESS	2700 SANDERS ROAD		STREET ADDRESS		
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Joseph M. Angelo - Gary L. Angelo</i>			Date: <i>4/26/05</i> Daytime Phone #: <i>847.564.5000</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					