

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90140 017 ***150.00

0650728 AT

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

11030034



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 51-0062574		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GILMER, G. D.			NAME	T. M. Detelich		
STREET ADDRESS	2700 SANDERS ROAD			STREET ADDRESS	2700 Sanders Rd.		
CITY-ST-ZIP	PROSPECT HEIGHTS IL 60070			CITY-ST-ZIP	Prospect Heights, IL 60070		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CURTAIN, K. K.			NAME	N.J. Bromley		
STREET ADDRESS	2700 SANDERS ROAD			STREET ADDRESS	2700 Sanders Rd.		
CITY-ST-ZIP	PROSPECT HEIGHTS IL 60070			CITY-ST-ZIP	Prospect Heights, IL 60070		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOSS, B.B J			NAME			
STREET ADDRESS	2700 SANDERS ROAD			STREET ADDRESS			
CITY-ST-ZIP	PROSPECT HEIGHTS IL 60070			CITY-ST-ZIP			
TITLE	VPAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLENKE, J. W.			NAME			
STREET ADDRESS	2700 SANDERS ROAD			STREET ADDRESS			
CITY-ST-ZIP	PROSPECT HEIGHTS IL 60070			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELUCA, M A			NAME			
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			

12. I 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 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: Joseph M. Angelo **REQUIRED** Joseph M. Angelo 4/28/03 847-564-6058
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)