

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 807933

**Entity Name:** BENEFICIAL FLORIDA, INC.

**Current Principal Place of Business:**

1421 W. SHURE DR.  
STE 100  
ARLINGTON HEIGHTS, IL 60004

**Current Mailing Address:**

1421 W. SHURE DR.  
STE 100  
ARLINGTON HEIGHTS, IL 60004 US

**FEI Number:** 51-0062574

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P/D  
Name MADISON, KATHRYN  
Address 961 WEIGEL DR  
City-State-Zip: ELMHURST IL 60126

Title VP/S  
Name ZAREMBA, LYNNE  
Address 1421 W. SHURE DR.  
STE 100  
City-State-Zip: ARLINGTON HEIGHTS IL 60004

Title VP/T  
Name GRIFFIN, JOHN P  
Address 1421 W. SHURE DR.  
STE 100  
City-State-Zip: ARLINGTON HEIGHTS IL 60004

Title ASST. TREASURER  
Name BEHNKE, RICK L  
Address 1421 W. SHURE DR.  
STE 100  
City-State-Zip: ARLINGTON HEIGHTS IL 60004

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICK L BEHNKE

**ASSISTANT TREASURER** 04/06/2016

Electronic Signature of Signing Officer/Director Detail

Date