FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Feb 07 1996 8:00 am
Secretary of State

DOCUMENT # **300863** **(8)**

1. Corporation Name
RICHMOND FINANCIAL, INC.

Principal Place of Business
1005 W. BUSCH BLVD.
SUITE #209
TAMPA FL 33612

Mailing Address
1509 N. MILWAUKEE AVE
LIBERTYVILLE IL 60048

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **01/13/1966**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **36-2587341** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SAFFOLD, RANDY
1005 E. BUSH BLVD. #209
TAMPA FL 33612

10. Name and Address of New Registered Agent

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 _____ Date _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WONDERLIC, CHARLES F		1.2 NAME		
STREET ADDRESS	1224 GLEN OAK		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTHBROOK IL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CLONTS, RONALD B		2.2 NAME		
STREET ADDRESS	2014 BURR OAK DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	GLENVIEW IL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CLONTS, SALLY ANNE		3.2 NAME		
STREET ADDRESS	2014 BURR OAK RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	GLENVIEW IL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TORRES, MELIDA		4.2 NAME		
STREET ADDRESS	1509 N. MILWAUKEE AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LIBERTYVILLE IL 60048		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DUNHAN, GARY R		5.2 NAME		
STREET ADDRESS	10910 MAIN ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND IL 60071		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and 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: Melida Torres Ass't. Secretary 1/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Melida Torres
Typed or Printed Name of Individual Signing

CR2E034 (12/95)