

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90189 006 \*\*\*150.00

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # 804544</b><br>1. Entity Name<br><b>BENEFICIAL MANAGEMENT CORPORATION OF AMERICA</b>  |   |  |  |                |  |
| Principal Place of Business<br><b>2700 SANDERS ROAD<br/>ATTN: TAX DEPT<br/>PROSPECT HEIGHTS, IL 60070</b>  |   |  | Mailing Address<br><b>2700 SANDERS ROAD<br/>ATTN: TAX DEPT<br/>PROSPECT HEIGHTS, IL 60070</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address                             |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                            |  |   |  |
| City & State   |   | City & State                                   |  | 4. FEI Number<br><b>51-0003840</b>  |  |
| Zip  |   | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent  |   |  |  | 7. Name and Address of New Registered Agent   |  |
| <b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>   |   |  |  | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                  |   |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DP<br/>DETELICH, T. M.<br/>2700 SANDERS ROAD<br/>PROSPECT HEIGHTS, IL 60070</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>GARY A. Esposito<br/>3023 HSBG WAY<br/>FORT MILL, SC 28715</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VPS<br/>BROMLEY, N. J.<br/>2700 SANDERS ROAD<br/>PROSPECT HEIGHTS, IL 60070</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPS<br/>Rose C. Mancini</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VPT<br/>ANDERSON, DANIEL W<br/>2700 SANDERS ROAD<br/>PROSPECT HEIGHTS, IL 60070</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VPD<br/>MADISON, KATHRYN<br/>2700 SANDERS ROAD<br/>PROSPECT HEIGHTS, IL 60070</b> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>AS<br/>ANGELO, J M<br/>2700 SANDERS ROAD<br/>PROSPECT HEIGHTS, IL 60070</b> <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |   |  |  |   |  |
| <b>SIGNATURE:</b> <i>Joseph M. Angelo</i> <b>Joseph M. Angelo</b> <b>4-16-07</b> <b>847-564-0058</b>   |   |  |  |   |  |