

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90095 015 \*\*\*150.00

<b>DOCUMENT # 804544</b> 1. Entity Name <b>BENEFICIAL MANAGEMENT CORPORATION OF AMERICA</b>			
Principal Place of Business <b>2700 SANDERS ROAD ATTN: TAX DEPT PROSPECT HEIGHTS, IL 60070</b>		Mailing Address <b>2700 SANDERS ROAD ATTN: TAX DEPT PROSPECT HEIGHTS, IL 60070</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>HSBC Finance Corporation Tax Department - 1 SW 26525 N. Riverwoods Blvd. Mettawa, IL 60045</b>		City & State <b>HSBC Finance Corporation Tax Department - 1 SW 26525 N. Riverwoods Blvd. Mettawa, IL 60045</b>	
Zip <b>60045</b>		Zip <b>60045</b>	
4. FEI Number <b>51-0003840</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ESPOSITO, GARY R</b> <b>3023 HSBC WAY</b> <b>FORT MILL, NC 28715</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>MANCINI, ROSE C</b> <b>2700 SANDERS ROAD</b> <b>PROSPECT HEIGHTS, IL 60070</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>26525 N. Riverwoods Blvd.</b> <b>Mettawa, IL 60045</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>ANDERSON, DANIEL W</b> <b>2700 SANDERS ROAD</b> <b>PROSPECT HEIGHTS, IL 60070</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>26525 N. Riverwoods Blvd.</b> <b>Mettawa, IL 60045</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>MADISON, KATHRYN</b> <b>2700 SANDERS ROAD</b> <b>PROSPECT HEIGHTS, IL 60070</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>26525 N. Riverwoods Blvd.</b> <b>Mettawa, IL 60045</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>ANGELO, J M</b> <b>2700 SANDERS ROAD</b> <b>PROSPECT HEIGHTS, IL 60070</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>26525 N. Riverwoods Blvd.</b> <b>Mettawa, IL 60045</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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>John M. Angelo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/23/2008</b> Daytime Phone # <b>224 554-6405</b>	