

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90072 021 ***150.00

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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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282006

Chg-P

CR2E034 (11/05)

4. FEI Number

51-0062574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME DETELICH, T M
STREET ADDRESS 2700 SANDERS ROAD
CITY-ST-ZIP PROSPECT HEIGHTS, IL 60070

TITLE VPS ☐ Delete
NAME BROMLEY, N J
STREET ADDRESS 2700 SANDERS ROAD
CITY-ST-ZIP PROSPECT HEIGHTS, IL 60070

TITLE VPT ☐ Delete
NAME ANDERSON, DANIEL W
STREET ADDRESS 2700 SANDERS ROAD
CITY-ST-ZIP PROSPECT HEIGHTS, IL 60070

TITLE DVP ☐ Delete
NAME SODEIKA, LISA M
STREET ADDRESS 2700 SANDERS ROAD
CITY-ST-ZIP PROSPECT HEIGHTS, IL 60070

TITLE AS ☐ Delete
NAME ANGELO, J.M
STREET ADDRESS 2700 SANDERS ROAD
CITY-ST-ZIP PROSPECT HEIGHTS, IL 60070

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME DVP
STREET ADDRESS KATHRYN MADISON
CITY-ST-ZIP Same

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Joseph M. Angelo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph M. Angelo

Date

Daytime Phone #

4/3/2006

844.364.0058