

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2008 90095 004 \*\*\*150.00

<b>DOCUMENT # 807933</b> 1. Entity Name <b>BENEFICIAL FLORIDA, INC.</b>			
Principal Place of Business <b>2700 SANDERS RD. ATTN: TAX DEPT PROSPECT HEIGHTS, IL 60070</b>		Mailing Address <b>2700 SANDERS RD. ATTN: TAX DEPT PROSPECT HEIGHTS, IL 60070</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. <b>HSBC Finance Corporation Tax Department - 1 SW 26525 N. Riverwoods Blvd. Mettawa, IL 60045</b>		Suite, Apt. #, etc. <b>HSBC Finance Corporation Tax Department - 1 SW 26525 N. Riverwoods Blvd. Mettawa, IL 60045</b>	
City & State <b>Mettawa, IL 60045</b>		City & State <b>Mettawa, IL 60045</b>	
Zip <b>60045</b>		Zip <b>60045</b>	
4. FEI Number <b>51-0062574</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 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	PD DETELICH, T M 2700 SANDERS ROAD PROSPECT HEIGHTS, IL 60070	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD G.R. Exposito 26525 N. Riverwoods Blvd. Mettawa, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ABRAMS, LORETTA R 2700 SANDERS ROAD PROSPECT HEIGHTS, IL 60070	TITLE NAME STREET ADDRESS CITY-ST-ZIP	26525 N. Riverwoods Blvd. Mettawa, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ANDERSON, DANIEL W 2700 SANDERS ROAD PROSPECT HEIGHTS, IL 60070	TITLE NAME STREET ADDRESS CITY-ST-ZIP	26525 N. Riverwoods Blvd. Mettawa, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MADISON, KATHRYN 2700 SANDERS ROAD PROSPECT HEIGHTS, IL 60070	TITLE NAME STREET ADDRESS CITY-ST-ZIP	26525 N. Riverwoods Blvd. Mettawa, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ANGELO, J.M 2700 SANDERS ROAD PROSPECT HEIGHTS, IL 60070	TITLE NAME STREET ADDRESS CITY-ST-ZIP	26525 N. Riverwoods Blvd. Mettawa, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	TITLE 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4/23/2008</b> Daytime Phone # <b>224-554-6405</b>	