# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 FEB 13 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 815529 (3)

1. Corporation Name
EAGLE FINANCE CORP. OF DELAWARE

| Principal Place of Business | Mailing Address |
|---|---|
| 1005 W BUSCH BLVD<br>SUITE 209<br>TAMPA FL 33612 | 1509 N MILWAUKEE AVE<br>LIBERTYVILLE IL 60048 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 08/16/1961 | 3a. Date of Last Report: 03/23/1994 |
| 4. FEI Number: 36-2464365 | ☐ 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 | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

SAFFOLD, J. R
1005 W. BUSCH BLVD., SUITE 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when completing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | ~~PD~~ CEO | 11 TITLE | Chief Executive Officer | ☒ Change ☐ Addition |
| NAME | WONDERLIC, CHARLES F. | 12 NAME | | |
| STREET ADDRESS | ~~1224 GLEN OAK~~ 1509 N. Milwaukee Ave | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | ~~NORTHBROOK IL~~ Libertyville IL 60048 | 14 CITY-ST-ZIP | | |
| TITLE | ~~V~~ President | 21 TITLE | President | ☒ Change ☐ Addition |
| NAME | CLONTS, RONALD B. | 22 NAME | | |
| STREET ADDRESS | 2014 BURR OAK DR | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | GLENVIEW IL | 24 CITY-ST-ZIP | | |
| TITLE | CFO | 31 TITLE | Chief Financial officer | ☐ Change ☒ Addition |
| NAME | Robert F Grasech | 32 NAME | | |
| STREET ADDRESS | 1509 N. Milwaukee | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | Libertyville, IL 60048 | 34 CITY-ST-ZIP | | |
| TITLE | Secretary | 41 TITLE | Secretary | ☐ Change ☒ Addition |
| NAME | Winifred Clonts | 42 NAME | | |
| STREET ADDRESS | 2014 Burr Oak DR | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | Glenview IL | 44 CITY-ST-ZIP | | |
| TITLE | Controller/Assistant Secretary | 51 TITLE | Controller/Assistant Secretary | ☐ Change ☒ Addition |
| NAME | Melida Torres | 52 NAME | | |
| STREET ADDRESS | 1509 N. Milwaukee Ave | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | Libertyville IL 60048 | 54 CITY-ST-ZIP | | |
| TITLE | Executive Vicepresident | 61 TITLE | Executive Vicepresident | ☐ Change ☒ Addition |
| NAME | Richard Wondrlick | 62 NAME | | |
| STREET ADDRESS | 1509 N. Milwaukee Ave | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | Libertyville IL 60048 | 64 CITY-ST-ZIP | | |

2/16

14. I do hereby certify that the information supplied with this filing is voluntarily 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 Controller 1/30/95 (708) 680-9003
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Phone #

0467040 FP