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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

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 |

3. Date Incorporated or Qualified: **08/16/1961**
3a. Date of Last Report: **02/13/1995**

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 607.1505, 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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12 |
|---|---|---|
| TITLE: CEO | ☐ DELETE | ☐ Change ☐ Addition |
| NAME: WONDERLIC, CHARLES F. | | |
| STREET ADDRESS: 1509 N MILWAUKE AVE | | |
| CITY, ST, ZIP: LIBERTYVILLE IL 60048 | | |
| TITLE: P | ☐ DELETE | ☐ Change ☐ Addition |
| NAME: CLONTS, RONALD B. | | |
| STREET ADDRESS: 2014 BURR OAK DR | | |
| CITY, ST, ZIP: GLENVIEW IL | | |
| TITLE: S | ☐ DELETE | ☐ Change ☐ Addition |
| NAME: CLONTS, WINIFORD | | Clonts Winifred |
| STREET ADDRESS: 2014 BURR OAK DR | | correct spelling |
| CITY, ST, ZIP: GLENVIEW IL | | |
| TITLE: CAS | ☐ DELETE | ☐ Change ☐ Addition |
| NAME: TORRES, MELIDA | | |
| STREET ADDRESS: 1509 N MILWAUKE AVE | | |
| CITY, ST, ZIP: LIBERTYVILLE IL 60048 | | |
| TITLE: EVP | ☐ DELETE | ☐ Change ☐ Addition |
| NAME: WONDEOLIC, RICHARD | | Wonderlic Richard |
| STREET ADDRESS: 1509 N MILWAUKE AVE | | correct spelling |
| CITY, ST, ZIP: LIBERTYVILLE IL 60048 | | |
| TITLE: CFO | ☐ DELETE | ☐ Change ☐ Addition |
| NAME: BRASSCH, ROBERT | | |
| STREET ADDRESS: 1509 N MILWAUKE AVE | | |
| CITY, ST, ZIP: LIBERTYVILLE IL 60048 | | |

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 — Assist Secretary — 1/29/96 — (708)8557136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone Number
MELIDA TORRES

CR2E034 (12/95)