

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **815529** (3)

1. Corporation Name  
**EAGLE FINANCE CORP. OF DELAWARE**

Principal Place of Business

**1005 W BUSCH BLVD  
SUITE 209  
TAMPA FL 33612**

Mailing Address

**1425 TRI STATE PKWY  
SUITE 140  
GURNEE IL 60031  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/16/1961</b>	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number <b>36-2464365</b>	Applied For Not Applicable
22 City & State	23	27 City & State	28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**SAFFOLD, J. R  
1005 W. BUSCH BLVD., SUITE 209  
TAMPA FL 33612**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONDERLIC, CHARLES F.	1.2 NAME	
STREET ADDRESS	1425 TRI STATE PKWY SUITE 140	1.3 STREET ADDRESS	
CITY - ST - ZIP	GURNEE IL	1.4 CITY - ST - ZIP	
TITLE	VC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLONTS, RONALD B.	2.2 NAME	
STREET ADDRESS	1425 TRI STATE PKWY SUITE 140	2.3 STREET ADDRESS	
CITY - ST - ZIP	GURNEE IL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLONTS, WINFRED	3.2 NAME	
STREET ADDRESS	1425 TRI STATE PKWY SUITE 140	3.3 STREET ADDRESS	
CITY - ST - ZIP	GURNEE IL	3.4 CITY - ST - ZIP	
TITLE	CAS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, MELIDA	4.2 NAME	
STREET ADDRESS	1425 TRI STATE PKWY SUITE 140	4.3 STREET ADDRESS	
CITY - ST - ZIP	GURNEE IL	4.4 CITY - ST - ZIP	
TITLE	EVP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONDERLIC, RICHARD	5.2 NAME	
STREET ADDRESS	1425 TRI STATE PKWY SUITE 140	5.3 STREET ADDRESS	
CITY - ST - ZIP	GURNEE IL	5.4 CITY - ST - ZIP	
TITLE	PCFO	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAASCH, ROBERT	6.2 NAME	
STREET ADDRESS	1425 TRI STATE PKWY SUITE 140	6.3 STREET ADDRESS	
CITY - ST - ZIP	GURNEE IL	6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing 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:

*Robert J. Braasch*

Robert J. Braasch, President 3/18/98 (847) 855-7150

CR2E034 (10/97)