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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90055 023 \*\*\*150.00

DOCUMENT # 815529

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

3. Date Incorporated or Qualified

08/16/1961

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 owes the current year Intangible  
Personal Property Tax.

Yes ☐ No ☐

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt., #, etc.

26 Suite, Apt., #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

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

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

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 ☐ DELETE

NAME WONDERLIC, CHARLES F.

STREET ADDRESS 1425 TRI STATE PKWY SUITE 140

CITY-ST-ZIP GURNEE IL

TITLE VC ☐ DELETE

NAME CLONTS, RONALD B.

STREET ADDRESS 1425 TRI STATE PKWY SUITE 140

CITY-ST-ZIP GURNEE IL

TITLE S ☐ DELETE

NAME CLONTS, WINIFRED

STREET ADDRESS 1425 TRI STATE PKWY SUITE 140

CITY-ST-ZIP GURNEE IL

TITLE CAS ☐ DELETE

NAME TORRES, MELIDA

STREET ADDRESS 1425 TRI STATE PKWY SUITE 140

CITY-ST-ZIP GURNEE IL

TITLE EVP ☐ DELETE

NAME WONDERLIC, RICHARD

STREET ADDRESS 1425 TRI STATE PKWY SUITE 140

CITY-ST-ZIP GURNEE IL

TITLE PCFO ☐ DELETE

NAME BRASSCH, ROBERT

STREET ADDRESS 1425 TRI STATE PKWY SUITE 140

CITY-ST-ZIP GURNEE IL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Robert J. Braasch

3/23/99

847-855-7150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)