

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -7 PM 3:10

DOCUMENT # 828589

(2)

1. Corporation Name

SANWA BUSINESS CREDIT CORPORATION

Principal Place of Business

**1 SOUTH WACKER DRIVE
CHICAGO IL 60606**

Mailing Address

**1 SOUTH WACKER DRIVE
CHICAGO IL 60606**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/01/1972

3a. Date of Last Report

05/01/1994

4. FEI Number

36-2736268

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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

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

NOTE: Registered Agent signature required unless constituting

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	FUKUZAWA, MUTSUO
STREET ADDRESS	1 SOUTH WACKER DR.
CITY-ST-ZIP	CHICAGO IL
TITLE	PD
NAME	MOELLER, WILLIAM E.
STREET ADDRESS	1 SOUTH WACKER DR.
CITY-ST-ZIP	CHICAGO IL
TITLE	V
NAME	CLIFFORD, SUSAN
STREET ADDRESS	1 SOUTH WACKER DR.
CITY-ST-ZIP	CHICAGO IL
TITLE	S
NAME	RASKIN, KENNETH A.
STREET ADDRESS	1 SOUTH WACKER DR.
CITY-ST-ZIP	CHICAGO IL
TITLE	V
NAME	SCHUTZ, DOUGLAS
STREET ADDRESS	1 SOUTH WACKER DR.
CITY-ST-ZIP	CHICAGO IL
TITLE	VD
NAME	YAHATA, SHUNSAKU
STREET ADDRESS	1 SOUTH WACKER DR.
CITY-ST-ZIP	CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN H. CLIFFORD

(312) 782-8080