

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90090 046 ***150.00

DOCUMENT # 857150

1. Corporation Name

BENEFICIAL MORTGAGE CORPORATION

Principal Place of Business

ONE CHRISTINA CENTER
301 NORTH WALNUT STREET
WILMINGTON DE 19801

Mailing Address

% STATE TAX DEPT.
300 BENEFICIAL CENTER
PEAPACK NJ 07977

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1983

4. FEI Number

51-0266808

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

21 2700 Sanders Rd.
Suite, Apt. #, etc.

2a. Mailing Address

26 Same
Suite, Apt. #, etc.

22 Att. Tax Dept
City & State

27
City & State

23 Prospect Heights, IL
Zip Country

28
Zip Country

24 60070 25 Cook

29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME WEHRHAHN, ALLEN L
STREET ADDRESS 100 BUSINESS CENTER DR
CITY-ST-ZIP BREWSTER NY

TITLE VPT ☒ DELETE
NAME DAWSON, ELIZABETH A
STREET ADDRESS 301 N WALNUT ST.
CITY-ST-ZIP WILMINGTON DE 19801

TITLE SVPD ☒ DELETE
NAME FRANS, JAMES L
STREET ADDRESS 3230 IMPERIAL HWY
CITY-ST-ZIP BREA CA

TITLE VPD ☒ DELETE
NAME HAUG, LEROY
STREET ADDRESS 4900 HOPYARD RD.
CITY-ST-ZIP PLEASANTON CA 94566

TITLE VPSD ☒ DELETE
NAME LEWIS, JANICE L
STREET ADDRESS 301 N. WALNUT ST.
CITY-ST-ZIP WILMINGTON DE 19801

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME G.A. Gilmer
1.3 STREET ADDRESS 2700 SANDERS ROAD
1.4 CITY-ST-ZIP PROSPECT HEIGHTS IL 60070

2.1 TITLE Secretary ☐ Change ☒ Addition
2.2 NAME K.K. Curtin
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Treasurer ☐ Change ☒ Addition
3.2 NAME B.B. Moss, Jr.
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Director ☐ Change ☒ Addition
4.2 NAME J.W. Blenke
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Director ☐ Change ☒ Addition
5.2 NAME M.A. Deluca
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Asst. Secretary ☐ Change ☒ Addition
6.2 NAME R.S. Winder
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:

R.S. Winder REQUIRED

4/2/99

Date

Daytime Phone #

CR2E034 (11/98)

0564411