
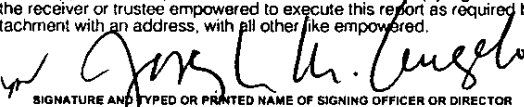


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90095 014 ***150.00

| | | | |
|--|---|---|--|
| DOCUMENT # 857150 1. Entity Name BENEFICIAL MORTGAGE CORPORATION | |  | |
| Principal Place of Business 2700 SANDERS ROAD ATTN: TAX DEPARTMENT PROSPECT HEIGHTS, IL 60070 US | | Mailing Address 2700 SANDERS ROAD ATTN: TAX DEPARTMENT 2-S PROSPECT HEIGHTS, IL 60070 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. HSBC Finance Corporation Tax Department - 1 SW 26525 N. Riverwoods Blvd. Mettawa, IL 60045 | | Suite, Apt. #, etc. HSBC Finance Corporation Tax Department - 1 SW 26525 N. Riverwoods Blvd. Mettawa, IL 60045 | |
| City & State Mettawa, IL | | City & State Mettawa, IL | |
| Zip 60045 | | Zip 60045 | |
| 4. FEI Number 51-0266808 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P ESPOSITO, GARY R 3023 HSBC WAY FORT MILL, SC 29715 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPS MANCINI, ROSE C 2700 SANDERS ROAD PROSPECT HEIGHTS, IL 60070 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 26525 N. Riverwoods Blvd. Mettawa, IL 60045 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPT ANDERSON, DANIEL W 2700 SANDERS ROAD PROSPECT HEIGHTS, IL 60070 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 26525 N. Riverwoods Blvd. Mettawa, IL 60045 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD MADISON, KATHRYN 2700 SANDERS ROAD PROSPECT HEIGHTS, IL 60070 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 26525 N. Riverwoods Blvd. Mettawa, IL 60045 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AS ANGELO, J.M. 2700 SANDERS RD. PROSPECT HEIGHTS, IL 60070 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 26525 N. Riverwoods Blvd. Mettawa, IL 60045 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE:  | | 4/23/2008 224-554-6405 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |