

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90178 030 \*\*\*150.00

**DOCUMENT # F00000000973**

1. Entity Name  
**HOUSEHOLD SERVICING, INC.**



Principal Place of Business  
**2700 SANDERS RD  
PROSPECT HEIGHTS, IL 60070**

Mailing Address  
**2700 SANDERS RD  
DEPT. 2-S  
PROSPECT HEIGHTS, IL 60070**

**DO NOT WRITE IN THIS SPACE**



03282006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**36-4299813**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HUTCHISON, PHILLIP D JR  
1209 WEST 10TH ST  
PANAMA CITY, FL 32401**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	DETELICH, T.M.
STREET ADDRESS	2700 SANDERS ROAD
CITY - ST - ZIP	PROSPECT HEIGHTS, IL 60070
TITLE	VD
NAME	VOZAR, J. A
STREET ADDRESS	2700 SANDERS ROAD
CITY - ST - ZIP	PROSPECT HEIGHTS, IL 60070
TITLE	VPS
NAME	BROMLEY, N.J.
STREET ADDRESS	2700 SANDERS ROAD
CITY - ST - ZIP	PROSPECT HEIGHTS, IL 60070
TITLE	VT
NAME	ANDERSON, D W
STREET ADDRESS	2700 SANDERS ROAD
CITY - ST - ZIP	PROSPECT HEIGHTS, IL 60070
TITLE	AS
NAME	PISANO, MICHAEL E
STREET ADDRESS	2700 SANDERS ROAD
CITY - ST - ZIP	PROSPECT HEIGHTS, IL 60070
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Joseph M. Angelo* **Joseph M. Angelo** 4/3/2006 847.564.6058