2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002962

Entity Name: M CREDIT IV, INC.

Address:

City-St-Zip:

211 W. WACKER DR. STE 710

CHICAGO, IL 60606

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7711 MILITARY TRAIL SUITE 200 PALM BEACH GARDENS, FL 43110 **New Mailing Address: Current Mailing Address:** 7711 MILITARY TRAIL SUITE 200 PALM BEACH GARDENS, FL 43110 FEI Number: 36-4189529 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete Title: () Change () Addition Name: FOREMAN, CHRISTOPHER Name: 211 W. WACKER DR. STE 710 Address: Address: City-St-Zip: CHICAGO, IL 60606 City-St-Zip: Title: **VPRE** () Delete Title: () Change () Addition LYNCH, BRIAN Name: Name: 7711 MILITARY TRAIL STE 200 Address: Address: PLAM BEACH GARDENS, FL 43110 City-St-Zip: City-St-Zip: **VPRF** Title: Title: () Delete () Change () Addition HARDER, JOHN Name: Name: 211 W. WACKER DR. STE 710 Address: Address: City-St-Zip: CHICAGO, IL 60606 City-St-Zip: Title: TRES () Delete Title: () Change () Addition HARDER, JOHN Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOHN HARDER VP 04/21/2009