2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004
Secretary of State

DOCUMENT# F03000000519

Entity Name: NATIONAL CREDIT AND GUARANTY CORPORATION

Current Principal Place of Business:

240 NORTHWEST HIGHWAY
PALATINE, IL 60067

New Principal Place of Business:

5999 NEW WILKE ROAD
ROLLING MEADOWS, IL 60008 US

Current Mailing Address:

5999 NEW WILKE ROAD
ROLLING MEADOWS, IL 60008

New Mailing Address:

5999 NEW WILKE ROAD
ROLLING MEADOWS, IL 60008 US

FEI Number: 32-0061470 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title:	D	( ) Delete
Name:	HILL, DAVID K	
Address:	5999 NEW WILKE ROAD	
City-St-Zip:	ROLLING MEADOWS, IL 60008	
Title:	DV	( ) Delete
Name:	BARBER, HAL H	
Address:	5999 NEW WILKE ROAD	
City-St-Zip:	ROLLING MEADOWS, IL 60008	
Title:	DTC	( ) Delete
Name:	ROWEHL, EUGENE K	
Address:	5999 NEW WILKE ROAD	
City-St-Zip:	ROLLING MEADOWS, IL 60008	
Title:	V	( ) Delete
Name:	MCPHEE, BRUCE I K	
Address:	5999 NEW WILKE ROAD	
City-St-Zip:	ROLLING MEADOWS, IL 60008	
Title:	P	( ) Delete
Name:	HEIMBINDER, ISAAC I	
Address:	5999 NEW WILKE ROAD	
City-St-Zip:	ROLLING MEADOWS, IL 60008	
Title:	B	( ) Delete
Name:	BREITENWISCHER, KIRK	
Address:	5999 NEW WILKE ROAD	
City-St-Zip:	ROLLING MEADOWS, IL 60008	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: HAL H. BARBER DV 07/06/2004

Electronic Signature of Signing Officer or Director — Date