


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90105 025 ***150.00

DOCUMENT # F03000000519	
1. Entity Name NATIONAL CREDIT AND GUARANTY CORPORATION	

Principal Place of Business 5999 NEW WILKE ROAD ROLLING MEADOWS, IL 60008 US	Mailing Address 5999 NEW WILKE ROAD ROLLING MEADOWS, IL 60008 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40004602



01122007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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 FL Zip Code
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HILL, DAVID K 5999 NEW WILKE ROAD ROLLING MEADOWS, IL 60008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V- Brian A. Loftus 5999 New Wilke Road Rolling Meadows, IL 60008 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BARBER, HAL H 5999 NEW WILKE ROAD ROLLING MEADOWS, IL 60008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Robert J. Ryan 5999 New Wilke Road Rolling Meadows, IL 60008 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO ROWEHL, EUGENE K 5999 NEW WILKE ROAD ROLLING MEADOWS, IL 60008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTCFO Eugene K. Rowehl 5999 New Wilke Road Rolling Meadows, IL 60008 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC LOVE, C. KENNETH 5999 NEW WILKE ROAD ROLLING MEADOWS, IL 60008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCP C. Kenneth Love 5999 New Wilke Road Rolling Meadows, IL 60008 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEIMBINDER, ISAAC I 5999 NEW WILKE ROAD ROLLING MEADOWS, IL 60008 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JoAnn M. Peterson 5999 New Wilke Road Rolling Meadows, IL 60008 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BREITENWISCHER, KIRK 5999 NEW WILKE ROAD ROLLING MEADOWS, IL 60008 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Eileen Connelly 5999 New Wilke Road Rolling Meadows, IL 60008 <input type="checkbox"/> Change <input checked="" 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: Hal H. Barber Hal H. Barber, Vice President 1/17/07 847-364-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #