2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 22, 2007 8:00 am
Secretary of State
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired \$2.0061470 \$2.0061470 \$2.0061470 \$2.0061470 \$2.0061470 \$2.0061470 S. Certificate of Status Desired \$2.75 Additional Fee Not Applicational Fee Not Applications of Post Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) DATE ### Address (P.O. Box Number is Not Acceptable) DATE ### Address (P.O. Box Number is Not Acceptable) DATE ### Address (P.O. Box Number is Not Acceptable) DATE ### Address (P.O. Box Number is Not Acceptable) DATE ### Address (P.O. Box Number is Not Acceptable) DATE ### Address (P.O. Box Number is Not Acceptable) DATE ### Address (P.O. Box Number is Not Acceptable) DATE ### Address (P.O. Box Number is Not Acceptable) DATE ### Address (P.O. Box Number is Not Acceptable) ### Address (P.O. Box Number is Not Acceptable) ### Address (P.O. Box Number is Not Acceptable) ### Address (P.O. Box	Signary William (KADUNS, IL 60008 US	DOCUMENT #F0300000519 1. Entity Name NATIONAL CREDIT AND GUARANTY CORPORATION						01-22-2007	-	25 ***15	
Supplemental Control of State 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, April #, etc. City & State Country Zip Country	Signary William (KADUNS, IL 60008 US	Principal Place of Business Mailing Address						*00046	UZ		
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City & State	City & State Country Country Special Country Spec	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Same and Address of Current Registered Agent Sa. Certificate of Status Desired \$8.75 Additional relative process of New Registered Agent Sa. Certificate of Status Desired \$8.75 Additional relative process of New Registered Agent Name	Nor Applicable Secretary	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01122007	Chg-P	CR2E0	34 (12/06)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 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 acc the obligations of registered agent are titled 4 acceptable. 9. Election Campaign Financing Synathic Pree will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 111. DAVID K SIRREL ADDRESS 5999 NEW WILKE ROAD OITY-ST-2P ROLLING MEADOWS, IL 60008 CITY-ST-2P ROLLING MEAD	S. Certificate of Status Desired Fee Required F	City & Stat	е	City & State						<u> </u>	`
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent. SIGNATURE Signature. FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 8. Election Campaign Financing Trust Fund Contribution. DC After May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fee will be \$550.00 Signature. POE: FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Signature. DC HILL, DAVID K Signature. Signature. Signature. DC HILL, DAVID K Signature. Signature. DC HILL, DAVID K Signature. Signature. Signature. DC HILL, DAVID K Signature. Signature. Signature. Signature. Signature. DC Detele Title DVP Detele Title DCFO Detele Title DCFO Detele Title DCFO Detele Title DCFO Detele NAME Signature. Signa	Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	CTCOPP	ODATION SYSTEM		Name						
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12. Thereby 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. B SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR -Hal H. Barber, Vice President 1/17/07

847-364-7300

Date

Daytime Phone #