

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002712

FILED
Apr 23, 2009
Secretary of State

Entity Name: MERICAP CREDIT CORPORATION

Current Principal Place of Business:

3333 WARRENVILLE ROAD
SUITE 325
LISLE, IL 60532

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9276
LOMBARD, IL 60148

New Mailing Address:

FEI Number: 20-4660329

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: MYERS, GREGORY
Address: 1177 AVENUE OF THE AMERICAS 40TH FLOOR
City-St-Zip: NEW YORK, NY 10038

Title: DCEO () Delete
Name: WEINEWUTH, CRAIG S
Address: 3333 WARRENVILLE ROAD, SUITE 325
City-St-Zip: LISLE, IL 60532

Title: P () Delete
Name: WEINEWUTH, CRAIG S
Address: 3333 WARRENVILLE ROAD, SUITE 325
City-St-Zip: LISLE, IL 60532

Title: VP () Delete
Name: FREUND, JAMES B
Address: 3333 WARRENVILLE ROAD, SUITE 325
City-St-Zip: LISLE, IL 60532

Title: VCFO () Delete
Name: CAPPON, JOEL R
Address: 3333 WARRENVILLE ROAD, SUITE 325
City-St-Zip: LISLE, IL 60532

Title: SEC () Delete
Name: REYNOLDS, ROSALIE
Address: 3333 WARRENVILLE ROAD, SUITE 325
City-St-Zip: LISLE, IL 60532

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
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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 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.

SIGNATURE: ROSALIE REYNOLDS

SEC

04/23/2009

Electronic Signature of Signing Officer or Director

Date