2005 FOR PROFIT CORPORATION

Feb 04, 2005 8:00 am Secretary of State ANNUAL REPORT 02-04-2005 90041 032 ***150.00 **DOCUMENT # F93000002516** 1. Entity Name CRLI ACCEPTANCE CORP. 40012419 Principal Place of Business Mailing Address 2345 WAUKEGAN RD., SUITE S-200 2345 WAUKEGAN RD., SUITE S-200 BANNOCKBURN, IL 60015 BANNOCKBURN, IL 60015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 36-3849691 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. nv. Change ☐ Addition DIR TITLE TIRE ■ Delete CARROLL, DH NAME NAME STREET ADDRESS 2345 WAUKEGAN RD STREET ADDRESS BANNOCKBURN, IL 60015 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition HAAS, JOSEPH S NAME NAME 2345 WAUKEGAN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-718 BANNOCKBURN, IL 60015 Change Addition ☐ Delete CORVINO, JOHN P NAME NAME STREET ADDRESS 2345 WAUKEGAN RD STREET ADDRESS BANNOCKBURN, IL 60015 CITY-ST-ZIP C!TY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITE DANIELSKI, DAVID W NAME NAME 2345 WAUKEGAN RD STE 5-200 STREET ADDRESS STREET ADDRESS BANNOCKBURN, IL 60015 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE BIAGINI , STEVEN L. NAME NAME 2345 WAUKEG AN RD STES-200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BANNOCKBURN, IL ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify 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 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. with all other lib

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ah un SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN P. CORVING, SECY//31/03

Daytime Phone #

FILED