


2007 FOR PROFIT CORPORATION. ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90189 014 ***150.00

DOCUMENT # F94000003400 1. Entity Name BENEFICIAL ALABAMA, INC.					
Principal Place of Business 2700 SANDERS RD ATTN: TAX DEPT PROSPECT HEIGHTS, IL 60070			Mailing Address 2700 SANDERS RD ATTN: TAX DEPT PROSPECT HEIGHTS, IL 60070		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0347555	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	DIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DETELICH, T.M.		NAME	GARY R. Esposito	
STREET ADDRESS	2700 SANDERS ROAD		STREET ADDRESS	3023 HSBG WAY	
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070		CITY-ST-ZIP	FORT MILL, SC 29715	
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	VP/3	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROMLEY, N.J.		NAME	Loretta A. Abrams	
STREET ADDRESS	2700 SANDERS ROAD		STREET ADDRESS		
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, DANIEL W		NAME		
STREET ADDRESS	2700 SANDERS ROAD		STREET ADDRESS		
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070		CITY-ST-ZIP		
TITLE	EVPC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, J.T.		NAME		
STREET ADDRESS	2700 SANDERS ROAD		STREET ADDRESS		
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELO, J.M.		NAME		
STREET ADDRESS	2700 SANDERS ROAD		STREET ADDRESS		
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Joseph M. Angelo</i> - Joseph M. Angelo 4-16-2007 847.564.4058					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					