FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000006619 (0)**

1. Corporation Name
VANGUARD FINANCIAL SERVICE CORP.

Principal Place of Business
1110 N. MAIN ST.
LOMBARD IL 60148

Mailing Address
1110 N. MAIN ST.
LOMBARD IL 60148

3. Date Incorporated or Qualified: **12/28/1994**
3a. Date of Last Report: **03/28/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **36-3257440** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — **FL** — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE — DATE

12. OFFICERS AND DIRECTORS

TITLE	COB	☐ DELETE
NAME	WAGNER, DAVID	
STREET ADDRESS	1497 BRIARCLIFF SE	
CITY, ST, ZIP	GRAND RAPIDS MI	
TITLE	VP	☒ DELETE
NAME	DRYER, THOMAS	
STREET ADDRESS	14542 W. ABBOTT ROAD	
CITY, ST, ZIP	LOCKPORT IL	
TITLE	S	☐ DELETE
NAME	HULL, LARRY	
STREET ADDRESS	3579 APPACHE	
CITY, ST, ZIP	GRANDVILLE MI	
TITLE	V	☐ DELETE
NAME	DONOVAN, SUSAN	
STREET ADDRESS	1110 N. MAIN ST.	
CITY, ST, ZIP	LOMBARD IL 60148	
TITLE	D	☐ DELETE
NAME	SHERWOOD, BUDGE	
STREET ADDRESS	1110 N. MAIN ST.	
CITY, ST, ZIP	LOMBARD IL 60148	
TITLE	D	☐ DELETE
NAME	DAMS, DAVID	
STREET ADDRESS	1110 N. MAIN ST.	
CITY, ST, ZIP	LOMBARD IL 60148	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE	VP	☐ Change ☒ Addition
2.2 NAME	TIMOTHY McAuliff	
2.3 STREET ADDRESS	602 OLD HUNT RD	
2.4 CITY, ST, ZIP	FOX RIVER GROVE, IL 60021	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or is added in an attachment with an address.

SIGNATURE: Susan Donovan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-96
Date

708-691-1858
Daytime Phone #

CR2E034 (12/95)