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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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	Mailing Address
1110 N. MAIN ST. LOMBARD IL 60148	1110 N. MAIN ST. LOMBARD IL 60148-1362

3. Date Incorporated or Qualified: 12/28/1994
3a. Date of Last Report: 02/27/1996

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

2a. Mailing Address
26 SAME AS ABOVE
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
(Signature of new registered agent, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	COB	☐ DELETE	1.1 TITLE	CFO	☐ Change ☒ Addition
NAME	WAGNER, DAVID		1.2 NAME	MARK HODOROWICZ	
STREET ADDRESS	1497 BRIARCLIFF SE		1.3 STREET ADDRESS	12921 SYCAMORE LN	
CITY-ST-ZIP	GRAND RAPIDS MI		1.4 CITY-ST-ZIP	PALOS HEIGHTS, IL 60463	
TITLE	VP	☒ DELETE	2.1 TITLE	COLLECTION MANAGER	☐ Change ☒ Addition
NAME	MCAULIFF, TIMOTHY		2.2 NAME	CATHY SOKOL	
STREET ADDRESS	602 OLD HUNT RD		2.3 STREET ADDRESS	21831 W. KNOLLWOOD DR.	
CITY-ST-ZIP	FOX RIVER GROVE IL		2.4 CITY-ST-ZIP	PLAINFIELD, IL 60544	
TITLE	S	☐ DELETE	3.1 TITLE	ACCOUNTING MANAGER	☐ Change ☒ Addition
NAME	HULL, LARRY		3.2 NAME	RICHARD LAIDD	
STREET ADDRESS	3579 APPACHE		3.3 STREET ADDRESS	5517 E. LAKE DR UNITA	
CITY-ST-ZIP	GRANDVILLE MI 49418		3.4 CITY-ST-ZIP	LISLE, IL 60532	
TITLE	V	☐ DELETE	4.1 TITLE	SENIOR VP	☐ Change ☒ Addition
NAME	DONOVAN, SUSAN		4.2 NAME	RICK MAHONEY	
STREET ADDRESS	~~1110 N. MAIN ST.~~ 326 TIMBER OAK DR.		4.3 STREET ADDRESS	834 RICHMOND	
CITY-ST-ZIP	~~LOMBARD IL 60148~~ N. AURORA, IL 60542		4.4 CITY-ST-ZIP	LAGRANGE PARK, IL 60526	
TITLE	D	☐ DELETE	5.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	SHERWOOD, BUDGE		5.2 NAME	MICHAEL WHALEN	
STREET ADDRESS	~~1110 N. MAIN ST.~~ 15983 HARBOR POINT DR.		5.3 STREET ADDRESS	828 S ADAMS	
CITY-ST-ZIP	~~LOMBARD IL 60148~~ SPRING LAKE, MI 49456		5.4 CITY-ST-ZIP	HINSDALE, IL 60521	
TITLE	D	☐ DELETE	6.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	DAMS, DAVID		6.2 NAME	SHERYL JANDERBAAN	
STREET ADDRESS	~~1110 N. MAIN ST.~~ 7069 VERDE VISTA DR		6.3 STREET ADDRESS	1903 ORCHARD LANE SE	
CITY-ST-ZIP	~~LOMBARD IL 60148~~ ROCKFORD, MI 49341		6.4 CITY-ST-ZIP	GRAND RAPIDS, MI 49505	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: Richard D Cadd 3/5/97 6306911818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481773