

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 05 1998 8:00am
Secretary of State

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1994

4. FEI Number

36-3257440

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 SAME AS ABOVE

2a. Mailing Address

26 SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE COB ☐ DELETE

NAME WAGNER, DAVID
STREET ADDRESS 1497 BRIARCLIFF SE
CITY - ST - ZIP GRAND RAPIDS MI

TITLE CM ☐ DELETE

NAME CATHY SOKOL
STREET ADDRESS 21831 W KNOLLWOOD DR
CITY - ST - ZIP PLAINFIELD IL

TITLE S ☐ DELETE

NAME HULL, LARRY
STREET ADDRESS 3579 APPACHE
CITY - ST - ZIP GRANDVILLE MI

TITLE SVP ☐ DELETE

NAME RICK MAHONEY
STREET ADDRESS 834 RICHMOND
CITY - ST - ZIP LAGRANGE PARK IL

TITLE P ☒ DELETE

NAME MICHAEL WHALEN
STREET ADDRESS 828 S ADAMS
CITY - ST - ZIP HINSDALE IL

TITLE T ☐ DELETE

NAME SHERYL VANDERBAAN
STREET ADDRESS 1903 ORCHARD LANE SE
CITY - ST - ZIP GARND RAPIDS MI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition

1.2 NAME JOHN COETESS

1.3 STREET ADDRESS 1110 N. MAIN ST.

1.4 CITY - ST - ZIP LOMBARD IL 60148

2.1 TITLE ACCOUNTING MANAGER ☐ Change ☒ Addition

2.2 NAME RICHARD D. LAOD

2.3 STREET ADDRESS 5517 E LAKE

2.4 CITY - ST - ZIP LISLE IL 60532

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 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. Laod RICHARD D. LAOD

1/27/98

630 691 1818

CR2E034 (10/97)