

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

FILED

May 15 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # F95000004579 (7)**

1. Corporation Name

**ABN AMRO ACCEPTANCE CORPORATION**

Principal Place of Business

**181 W. MADISON ST  
CHICAGO IL 60602**

Mailing Address

**135 S LASALLE ST  
C/O MARTIN L. EISENBERG  
CHICAGO IL 60603-4105  
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified  
**09/20/1995**

3a. Date of Last Report  
**04/24/1996**

4. FEI Number

**13-3663307**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>HEAGY, THOMAS C</b>	
STREET ADDRESS	<b>181 W. MADISON ST</b>	
CITY- ST- ZIP	<b>CHICAGO IL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSTON, THOMAS J</b>	
STREET ADDRESS	<b>181 W. MADISON ST</b>	
CITY- ST- ZIP	<b>CHICAGO IL 60602</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LONG, WILLIAM E</b>	
STREET ADDRESS	<b>4242 N. HARLEM AVE</b>	
CITY- ST- ZIP	<b>NORRIDGE IL 60634</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SIEGELAAR, HERMAN F</b>	
STREET ADDRESS	<b>135 S. LASALLE ST</b>	
CITY- ST- ZIP	<b>CHICAGO IL 60674-9135</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>EISENBERG, MARTIN L</b>	
STREET ADDRESS	<b>135 S. LASALLE ST</b>	
CITY- ST- ZIP	<b>CHICAGO IL 60674-9135</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>FLORES, KIRK P</b>	
STREET ADDRESS	<b>135 S. LASALLE ST</b>	
CITY- ST- ZIP	<b>CHICAGO IL 60674-9135</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Johnston, Thomas J.</b>
2.3 STREET ADDRESS	<b>181 W. Madison St.</b>
2.4 CITY- ST- ZIP	<b>Chicago, IL 60602</b>
3.1 TITLE	<b>Chief Financial Off./Treas.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Debra A. Basili</b>
3.3 STREET ADDRESS	<b>181 W. Madison St.</b>
3.4 CITY- ST- ZIP	<b>Chicago, IL 60602</b>
4.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Robert K. Quinn</b>
4.3 STREET ADDRESS	<b>135 S. LaSalle St.</b>
4.4 CITY- ST- ZIP	<b>Chicago, IL 60674-9135</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Martin L. Eisenberg 04/24/97**

**(312) 904-2209**

**Vice President**

Date

Daytime Phone #

CR2E034 (9/96)