

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

FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M71256 (5)

1. Corporation Name  
MFC FINANCIAL SERVICES, INC.



Principal Place of Business  
% C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Mailing Address  
%MERCURY FINANCE CO  
40 SKOKIE BLVD SUITE 200  
NORTHBROOK IL 60062-1615  
US

3. Date Incorporated or Qualified 03/09/1988  
3a. Date of Last Report 02/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 100 FIELD DR

23 City & State

27 340  
28 LAKE FOREST IL

24 Zip Country

29 60045-2580 30 Country

4. FEI Number 36-3571098  
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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINCAT, JOHN N.	1.2 NAME	
STREET ADDRESS	40 SKOKIE BLVD., #200	1.3 STREET ADDRESS	100 FIELD DR SUITE 340
CITY - ST - ZIP	NORTHBROOK IL	1.4 CITY - ST - ZIP	LAKE FOREST IL 60045-2580
TITLE	VPT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLEM, BRADLEY A.	2.2 NAME	
STREET ADDRESS	40 SKOKIE BLVD., #200	2.3 STREET ADDRESS	100 FIELD DR SUITE 340
CITY - ST - ZIP	NORTHBROOK IL	2.4 CITY - ST - ZIP	LAKE FOREST IL 60045-2580
TITLE	VPC <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, JAMES A.	3.2 NAME	
STREET ADDRESS	40 SKOKIE BLVD., #200	3.3 STREET ADDRESS	100 FIELD DR SUITE 340
CITY - ST - ZIP	NORTHBROOK IL	3.4 CITY - ST - ZIP	LAKE FOREST IL 60045-2580
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSSON, RICHARD P	4.2 NAME	
STREET ADDRESS	40 SKOKIE BLVD, STE 200	4.3 STREET ADDRESS	100 FIELD DR SUITE 340
CITY - ST - ZIP	NORTHBROOK IL	4.4 CITY - ST - ZIP	LAKE FOREST IL 60045-2580
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-97 (847) 295-8600

CR2E034 (9/96)