## 22 Li uniform Business Report (UBR)

## Aug 23, 2001 8:00 am Secretary of State P00427 **DOCUMENT#** 08-23-2001 90001 020 \*\*\*550.00 MERCURY FINANCÉ COMPANY OF FLORIDA Principal Place of Business Mailing Address 100 FIELD DR 100 FIELD DR 340 .--340 LAKE FOREST IL 60045-2580 LAKE FOREST IL 60045-2580 :--US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 36-3259211 Not Applicable \$8.75 Additional **∮Country** - Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 333241 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Director 🔀 Change ☐ Addition **PCEO** ☐ Delete TITLE TITLE HARSHFIELD, EDWARD G NAME NAME 100 FIELD DRIVE SUITE #340 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKE FOREST IL 60045 President 🛣 Change ☐ Addition ☐ Delete TITLE TITLE NAME WEEDEN, JEFFREY B CFO NAME STREET ADDRESS STREET ADDRESS 100 FIELD DRIVE SUITE #340 CITY-ST-ZIP CITY-ST-ZIP LAKE FOREST IL 60045 ☐ Change Addition TITLE Delete TITLE DAPIER, MARK E NAME NAME STREET ADDRESS 100 FIELD DRIVE SUITE #340 STREET ADDRESS CITY-ST-ZIP LAKE FOREST IL 60045 ☐ Addition Delete TITLE TITLE Randal O. Roan BERKOW, DÁVID W NAME NAME STREET ADDRESS STREET ADDRESS 100 FIELD DR STE 340 CITY-ST-ZIP LAKE FOREST IL 60045 CITY-ST-ZIP Addition Change Delete TITLE MARK D. WHITHAM TITLE NAME WHITMAN MARK D NAME STREET ADDRESS STREET ADDRESS 100 FIELD DR CITY-ST-ZIP LAKE FOREST IL 60045 CITY-ST-ZIP Addition ☐ Delete TITLE TITLE Christopher M. Denrer 100 Field Dr. Ste. 346 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP lake Forest, IL 60045 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachine with all other like empowered

SIGNATURE

**FILED** 

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2. Principal	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del></del>	DO NOT WRITE IN THIS SPACE		
Suite, Apr. #, etc.		Suite, Apt. #, etc.		٠	DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number 36-3259211 Applied For		
7:- Country		- Country				<del></del>	lot Applicable
Zip (Country		ZipCountry			3. Certificate of Status Desired		
	6. Name and Address of Current	Registered Agent	gistered Agent		7. Name and Address of New Registered Agent		
·			Name	Name Street Address (P.O. Box Number is Not Acceptable)			
	CORPORATION SYSTEM  O S. PINE ISLAND ROAD		Street Ad				
PLANTATION FL 33324							
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	!		City			FL Zip Cod	.a 
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Regis	stered Agent signatu	re required v	when reinstating)	DATE .	
	oration is eligible to satisfy its intangible	YA WATERIOWALKE	ee ie everend	A. Fare	<b>4 →</b>		
ax filing requirement and elects to do so.		SC - VAfter WAY J 2001 JF	ee willbe \$5	50.00	10. Election Campaign Financing Trust Fund Contribution.	_ +	IO May Be d to Fees
(See crite	ría on back)	Williake.CheckiRavable to	Department	of State			
17.	OFFICERS AND (		12.	*> *	ADDITIONS/CHANGES TO OFFICERS		
TITLE ^	PCEO HARSHFIELD, EDWARD G		TITLE NAME	Direc	ctor	X Change	Addition
STREET ADDRESS	100 FIELD DRIVE SUITE #340	ä	STREET ADDRESS				
CITY-ST-ZIP	LAKE FOREST IL 60045		CITY-ST-ZIP				
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NAME	DAPIER, MARK E	9	NAME				
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CITY-ST-ZIP	LAKE FOREST IL 60045	_ <del></del>		m	·	XXChange	Addition
NAME	BERKOW, DAVID W	Fil		Tresu Randa	rer 1 O. Roan	· <u>Lag</u> zonango	
STREET ADDRESS	100 FIELD DR STE 340	8	TREET ADDRESS		·		
CITY - ST - ZIP	LAKE FOREST IL 60045		CITY-ST-ZIP				- Addition
TITLE NAME	C Whitman, Ma <del>r</del> k D		TITLE T	Vice-	President	XX Change	Addition
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CITY-ST-ZIP	LAKE FOREST IL 60045	C	CITY-ST-ZIP		·		
TITLE	1		ITLE	٠		☐ Change	Addition
NAME STREET ADDRESS	<b>.</b>	<b></b>	TREET ADDRESS		•	-	
'-ZIP		73	ITY-ST-ZIP				
indicated	certify that the information supplied with to on this report or supplemental report is t	rue and accurate and that my sidi	nature chall ha	va tha ea	me legal effect as if made under gath: In	iat Lam an officer i	or arrector
of the cor	poration or the receiver or mostee empoy or on an attackment with an address, wi	vered to execute this report as rec	quired by Chap	ter 607,	Florida Statutes; and that my name appe	ars in Block 11 or	Block 12 if
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2/13/27

847-295-8600 ·