FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2002 8:00 am Secretary of State DOCUMENT # P04023 1. Entity Name 04-29-2002 90058 037 ***150.00 HOUSEHOLD FINANCE CORPORATION III Principal Place of Business Mailing Address 2700 SANDERS ROAD 2700 SANDERS ROAD PROSPECT HEIGHTS IL 60070-2701 TAX-2 SOUTH PROSPECT HEIGHTS IL 60070-2701 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-3323021 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code į. FL 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. 6 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition DELUCA, M. A. NAME NAME STREET ADDRESS 2700 SANDERS ROAD STREET ADDRESS CITY-ST-ZIP PROSPECT HEIGHTS IL CITY-ST-ZIP TITLE TDV ☐ Delete TITLE ☐ Change ☐ Addition NAME MOSS, B. B., JR. NAME STREET ADDRESS 2700 SANDERS ROAD STREET ADDRESS CITY-ST-ZIP PROSPECT HEIGHTS IL CITY-ST-ZIP TITLE ☐ Delete ٧S TITLE ☐ Change ☐ Addition NAME CURTIN, KK STREET ADDRESS 2700 SANDERS RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PROSPECT HEIGHTS IL TITLE ☐ Delete TITLE AS Change ☐ Addition NAME NAME ANGELO, J.M. STREET ADDRESS STREET ADDRESS 2700 SANCLERS CITY-ST-ZIP CITY-ST-ZIP PROSPECT HEIGHTS IL TITLE ☐ Delete PD ☐ Change TITLE ☐ Addition NAME GILMER, GO NAME STREET ADDRESS STREET ADDRESS 2700 SANDERS RD CITY-ST-ZIP CITY-ST-ZIE PROSPECT HEIGHTS IL 60070 **EVCF** ☐ Delete TITLE ☐ Change ☐ Addition VOZAR, J A NAME STREET ADDRESS STREET ADDRESS 2700 SANDERS RD CITY-ST-ZIP PROSPECT HEIGHTS IL 60070 CITY-ST-ZIP

13. 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 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 attachment with an address, with all other like empowered SIGNATURE:

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER