

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P08523

1. Entity Name  
OLD REPUBLIC FINANCIAL ACCEPTANCE  
CORPORATION



Principal Place of Business  
307 N. MICHIGAN AVENUE  
CHICAGO, IL 60601

Mailing Address  
307 N. MICHIGAN AVENUE  
CHICAGO, IL 60601



01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
36-3345721

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
MILAZZO, LEONARD  
307 N. MICHIGAN AVENUE  
CHICAGO, IL 60601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVPT  
BRAUER, CARL H  
307 N. MICHIGAN AVENUE  
CHICAGO, IL 60601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
SCOTT, ANDREA  
307 N. MICHIGAN AVENUE  
CHICAGO, IL 60601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MILAZZO, LEONARD S  
307 N. MICHIGAN AVENUE  
CHICAGO, IL 60601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
COMSTOCK, JOALLYN  
307 N. MICHIGAN AVENUE  
CHICAGO, IL 60601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000803942  
02/05/08-80046-013 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-08