

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P20503**

1. Entity Name
M CREDIT, INC.

Principal Place of Business

**9399 W HIGGINS RD
SUITE 600
ROSEMONT IL 60018
US**

Mailing Address

**9399 W HIGGINS RD
SUITE 600
DES PLAINES IL 60018
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3596947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BURNS, MICHAEL S 555 THEODORE FREMD, STE. C301 RYE NY 10580 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP CARBERY, JEFFREY S TWO RAVINIA DR., STE. 700 ATLANTA GA 30346 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCF DIMARTINO, ANGELO 9399 W. GIGGINS RD., STE. 600 ROSEMONT IL 60018 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ECCLESTON, BRENDAN 220 N. MAIN ST., STE. 604 GREENVILLE SC 29601 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FISCHER, STEVEN R 555 THEODORE FREMD, STE. C301 RYE NY 10580 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GOETSCHUIS, STEVEN K 555 THEODORE FREMD, STE. C301 RYE NY 10580 <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kevin L. Harrington 9399 West Higgins Road, Suite 600 Rosemont, IL 60018 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Assistant Secretary Paul Safran, Jr. 7711 North Military Trail, Suite 200 Palm Beach Gardens, FL 33410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President Keith A. VanDamme 5595 Trillium Boulevard Hoffman Estates, IL 60192 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Richard L. Perry Two Ravinia Drive, Suite 700 Atlanta, GA 30346 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Steven R. Fischer 555 Theodore Fremd, C301 Rye, NY 10580 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President and CFO Angelo DiMartino 9399 West Higgins Road, Suite 600 Rosemont, IL 60018 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Angelo DiMartino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/02

(847) 685-1104

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)