

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90022 032 \*\*\*150.00

**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

**94040869**



01142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>36-3596947</b>	Applied For Not Applicable
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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

**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, 2004 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	DVP VAROWNE, KEITH A 5565 TRILLIAN BLVD SCHAUMBURG, IL 60192
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>D</del> <del>VERNICK, MITCHELL</del> <del>9399 W HIGGINS RD STE 600</del> <del>SCHAUMBURG, IL 60192</del>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SUFRAN, PAUL 7113 N MILITARY TRAIL STE 200 WEST PALM BEACH, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS CASIEREL, AMY 9300 W HIGGINS RD STE 600 DES PLAINES, IL 60018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C KRUNWICH, EARNHART 5595 TRILLIAN BLVD SCHAUMBURG, IL 60192
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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, 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:**

*Amy Casieri*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amy Casieri

3/20/04

Date

(847) 685-1120

Daytime Phone #