


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
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94040869



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3596947	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D VERNICK, MITCHELL 9399 W HIGGINS RD STE 600 SCHAUMBURG, IL 60192
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SUFRA, 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	

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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 Amy Casieri 3/20/04 (847) 685-1120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #