

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 11 AM 8:00

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



08032004 Chg-P CR2E034 (10/03)

MRB

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DEV	<input type="checkbox"/> Delete	TITLE	Director, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDAMME, KEITH A		NAME		
STREET ADDRESS	5595 TRILLIUM BLVD		STREET ADDRESS	9399 W HIGGINS RD, STE 600	
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60192		CITY-ST-ZIP	ROSEMONT, IL 60018	
TITLE	DVAS	<input type="checkbox"/> Delete	TITLE	VP, AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAFRAN, PAUL JR.		NAME		
STREET ADDRESS	7711 N. MILITARY TRAIL, STE. 200		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASIERI, AMY B		NAME		
STREET ADDRESS	9399 WEST HIGGINS RD., STE. 600		STREET ADDRESS		
CITY-ST-ZIP	ROSEMONT, IL 60018		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	VP, CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRANICK, EARNEST M		NAME	KRANICH, ERNEST M.	
STREET ADDRESS	5595 TRILLIUM BLVD.		STREET ADDRESS	9399 W HIGGINS RD, STE 600	
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60192		CITY-ST-ZIP	ROSEMONT, IL 60018	
TITLE		<input type="checkbox"/> Delete	TITLE	SVP, SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	KRAKOWSKI, MARY F.	
STREET ADDRESS			STREET ADDRESS	9399 W HIGGINS ROAD, STE 600	
CITY-ST-ZIP			CITY-ST-ZIP	ROSEMONT, IL 60018	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 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

MARY KRAKOWSKI, SECTY 8-3-04 847-685-1173

Date

Daytime Phone #