

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90050 044 ***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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

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

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
BURNS, MICHAEL S
555 THEODORE FREMD, STE. C301
RYE NY 10580** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director and EVP
Keith A. VanDamme
5595 Trillium Boulevard
Hoffman Estates, IL 60192** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
CARBERY, JEFFREY S
TWO RAVINIA DR., STE. 700
ATLANTA GA 30346** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director, VP & Assistant Secretary
Paul Safran, Jr.
7711 N. Military Trail, Suite 200
Palm Beach Gardens, FL 33410** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVCF
DIMARTINO, ANGELO
9399 W. GIGGINS RD., STE. 600
ROSEMONT IL 60018** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Mitchell F. Vernick
9399 West Higgins Road, Suite 600
Rosemont, IL 60192** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
ECCLESTON, BRENDAN
220 N. MAIN ST., STE. 604
GREENVILLE SC 29601** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Assistant Secretary
Amy B. Casieri
9399 West Higgins Road, Suite 600
Rosemont, IL 60018** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FISCHER, STEVEN R
555 THEODORE FREMD, STE. C301
RYE NY 10580** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Earnest M. Kranich
Controller
5595 Trillium Boulevard
Hoffman Estates, IL 60192** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
GOETSCHUIS, STEVEN K
555 THEODORE FREMD, STE. C301
RYE NY 10580** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amy B. Casieri

1/17/03

Date

(847) 685-1120

Daytime Phone #

CR2E034 (10/02)