

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90051 032 ***150.00

DOCUMENT # P28893

1. Corporation Name
FIRST INSURANCE FUNDING CORP.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1990

4. FEI Number

36-3437365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

Principal Place of Business

Mailing Address

520 LAKE COOK ROAD
SUITE 300
DEERFIELD IL 60015-0892
US

520 LAKE COOK ROAD
SUITE 300
DEERFIELD IL 60015-0892
US

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

County

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CFOS ☐ DELETE
NAME DYKSTRA, DAVID A
STREET ADDRESS 541 SHOSHONI TRAIL
CITY-ST-ZIP LAKE VILLA IL 60046

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME FRANK J. BURKE, JR.
STREET ADDRESS 80 BARN SWALLOW ROAD
CITY-ST-ZIP LAKE FOREST IL 60045

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPC ☐ DELETE
NAME PERRY, MICHELLE H
STREET ADDRESS 3759 LAKEWOOD, APT 2R
CITY-ST-ZIP CHICAGO IL 60013

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME WEHMER, EDWARD J
STREET ADDRESS 454 BUENA ROAD
CITY-ST-ZIP LAKE FOREST IL 60045

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VP ☒ DELETE
NAME SIDOTI, SAL
STREET ADDRESS 1114 HIDDEN LAKE DRIVE
CITY-ST-ZIP BUFFALO GROVE IL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE EVP ☐ DELETE
NAME SHOCKEY, JOSEPH G
STREET ADDRESS 359 BUTLER DR
CITY-ST-ZIP LAKE FOREST IL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michelle Perry

Michelle Perry

4-21-99

(847) 374-3000

CR2E034 (11/98)