

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P33382** (3)
1. Corporation Name
COMDISCO RECEIVABLES, INC.



Principal Place of Business
**6133 NORTH RIVER ROAD
ROSEMONT IL 60018**

Mailing Address
**6133 N. RIVER ROAD
ROSEMONT IL 60018
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/1991		3a. Date of Last Report 04/27/1995	
21		26		4. FEI Number 36-3740030		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTIKES, NICHOLAS K	1.2 NAME	PONTIKES, NICHOLAS K.
STREET ADDRESS	6133 N. RIVER ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEMONT IL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREINI, ALAN J	2.2 NAME	
STREET ADDRESS	6133 N. RIVER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEMONT IL	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOSICKY, JOHN J.	3.2 NAME	
STREET ADDRESS	6133 N. RIVER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEMONT IL	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUKEVICH, MICHAEL, JR.	4.2 NAME	
STREET ADDRESS	6133 N RIVER RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEMONT IL	4.4 CITY-ST-ZIP	
TITLE	VPTD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENAN, DAVID J.	5.2 NAME	
STREET ADDRESS	6133 N. RIVER ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALATINE IL	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEWES, PHILIP A.	6.2 NAME	
STREET ADDRESS	6133 N. RIVER ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEMONT IL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

John J. Vosicky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/96

(847) 698-3000

Date

Daytime Phone #

CR2E034 (12/95)