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



PROFIT
CORPORATION

FLORIDA DEPARTMENT OF STATE

	JAL REPORT 1996	7.·/	cretary of State OF CORPORATIONS			
	MENT # P3338	32 (3)			
COME	DISCO REVEIVABLES, INC.			1 1001/401 130 JUNE 11/00 DURI 130	AND AND MANAGEMENT OF BUT	H B10/1 2/0/1 100
rincipal Place	of Business	Mailing Address				
6133 NORTH RIVER ROAD ROSEMONT IL 60018		6133 N. RIVER RO ROSEMONT IL 60 US				
				 Date Incorporated or Qualified 04/01/1991 	3a. Date of Last Re 04/27/19	
. Principal Pla	ace of Business	2a. Mailing Address		4. FEt Number 36-3740030		Applied For Not Applicable
Suite, Apt. a	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00	D May Be
Zφ	Country 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes Yes	intangible tax under s	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New R	egistered Agent	
07.00			81 Name			
	RPORATION SYSTEM		82 Street Ad	ddress (P.O. Box Number is Not Acceptab	le)	
	3. PINE ISLAND ROAD ATION FL 33324		83			
PLANIA	MINON FL 33324		••			
			L L L			
L Dura vant t			84 City			Code
IGNATURE .	in, and accept the obligations of, Section	or 607.0505, Florida State	atutes, the above named corporation's butes.	poration submits this statement for the pur loard of directors. I hereby accept the appo	pose of changing its ro pintment as registered	
GNATURE .	Signature, typed or printed name of rug-stered agent	and title if applicable	atutes, the above-named corporation's borized by the corporation's bories.	pired when renstaling)	pose of changing its ro pintment as registered	egistered office agent. I am
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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 Blook 12 or Blook 13 if changed, or on an attachment with an address.

SIGNATURE: _

610NATURE AND TYPED OR PRINTED LAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION Date Daylors Proces