

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P33497</b>	
1. Entity Name VAN RU CREDIT CORPORATION	



Principal Place of Business 10024 N. SKOKIE BLVD. SKOKIE, IL 60077	Mailing Address 1350 E. TOUHY AVENUE 300E DES PLAINES, IL 60018
--	--



01032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 36-2253655	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RUBIN, ROGER 1350 E. TOUHY AVENUE STE. 300E DES PLAINES, IL 60018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STICKLES, SHARON 1850 E. TOUHY AVENUE STE. 300E DES PLAINES, IL 60018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CT RUBIN, ALBERT G. 1850 E. TOUHY AVENUE STE. 300E DES PLAINES, IL 60018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CIRO, ANTHONY 1850 E. TOUHY AVENUE STE. 300E DES PLAINES, IL 60018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000179269  
01/13/05-80011-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

1-3-05 847-824-2414