

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 12, 1999 8:00 am
Secretary of State

04-12-1999 90014 021 ***150.00

DOCUMENT # P34645

1. Corporation Name

BENEFICIAL MORTGAGE CO. OF FLORIDA

Principal Place of Business

ONE CHRISTINA CENTRE
301 N. WALNUT ST.
WILMINGTON DE 19801

Mailing Address

% STATE TAX DEPT.
300 BENEFICIAL CENTER
PEAPACK NJ 07977

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1991

4. FEI Number

51-0336965

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

2. Principal Place of Business

21 2700 Sanders Road

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

22 Att: Tax Dept

Suite, Apt. #, etc.

27

City & State

23 Prospect Heights IL

City & State

28

Zip

24 60070 25 Cook

Zip

29

Country

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	ROSESKI, MICHAEL J	434 KNIGHTS RUN AVE	TAMPA FL	<input checked="" type="checkbox"/>
VTD	DAWSON, ELIZABETH A	301 N. WALNUT ST.	WILMINGTON DE	<input checked="" type="checkbox"/>
VSD	LEWIS, JANICE L	400 BELLEVUE PARKWAY	WILMINGTON DE	<input checked="" type="checkbox"/>
VPD	COX, FREEMAN W	434 KNIGHTS RUN AVE	TAMPA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	G. D. Gilman	2700 SANDERS ROAD	PROSPECT HEIGHTS IL 60070	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	K. K. Curtin			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer	B. B. Moss, Jr			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	J. W. Blenke			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	M. A. DeLuca			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asst. Secretary	R. S. Winder			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 as 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 #

CR2E034 (11/98)