PROFIT CORPORATION ANNUAL REPORT

1997 ~~1996~~

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

FILED
May 01 1997 8:00am
Secretary of State

[redacted]

DOCUMENT # P35832

1. Corporation Name

FNW Capital, Inc

Principal Place of Business	Mailing Address
One First National Plaza Suite 0308 Chicago, IL 60670	One First National Plaza Suite 0308 Chicago, IL 60670

3. Date Incorporated or Qualified: 10/8/91

3a. Date of Last Report: 04/25/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 36-3406534 ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Robert G Wing
NBD Bank, FSB
1320 Venice Ave. East
Venice, FL 34292

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P ☐ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	Tinsley, Edward	1.2 NAME	Tinsley, Edward
STREET ADDRESS	39555 Orchard Hill Place Dr	1.3 STREET ADDRESS	39555 Orchard Hill Place Dr
CITY-ST-ZIP	Novi, MI 48375	1.4 CITY-ST-ZIP	Novi, MI 48375
TITLE	V ☒ DELETE	2.1 TITLE	AT ☐ Change ☒ Addition
NAME	Pehlke, Harold R	2.2 NAME	Donovan, James E.
STREET ADDRESS	One NBD Plaza	2.3 STREET ADDRESS	One First National Plaza, Suite 0308
CITY-ST-ZIP	MT. Prospect, IL 60056	2.4 CITY-ST-ZIP	Chicago, IL 60670
TITLE	V ☒ DELETE	3.1 TITLE	AT ☐ Change ☒ Addition
NAME	Walsh, Kevin	3.2 NAME	Wulf, Clark J.
STREET ADDRESS	One NBD Plaza	3.3 STREET ADDRESS	One First National Plaza, Suite 0308
CITY-ST-ZIP	MT. Prospect, IL 60056	3.4 CITY-ST-ZIP	Chicago, IL 60670
TITLE	T/S ☐ DELETE	4.1 TITLE	AS ☐ Change ☒ Addition
NAME	Hdbel, Donald	4.2 NAME	Reddish, Carin S.
STREET ADDRESS	39555 Orchard Hill Place Dr	4.3 STREET ADDRESS	One First National Plaza
CITY-ST-ZIP	Novi, MI 48375	4.4 CITY-ST-ZIP	Chicago, IL 60670
TITLE	D ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Lancaster, James R	5.2 NAME	
STREET ADDRESS	One NBD Plaza	5.3 STREET ADDRESS	
CITY-ST-ZIP	MT. Prospect, IL 60056	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	000002166480 ☐ Change ☒ Addition
NAME		6.2 NAME	-05/06/97--01003--044
STREET ADDRESS		6.3 STREET ADDRESS	***165.00
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

I 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)(i), Florida Statutes. I further certify that the information indicated on this 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: _____ 4/30/97

SIGNATURE AND TITLE OR PRINTED NAME OF PERSON SIGNING (SEE INSTRUCTIONS)