

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P35832** (5)  
1. Corporation Name  
**FNW CAPITAL, INC.**

Principal Place of Business <b>ONE FIRST NATIONAL PLAZA SUITE 0308 CHICAGO IL 60670</b>	Mailing Address <b>ONE FIRST NATIONAL PLAZA SUITE 0308 CHICAGO IL 60670</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>10/08/1991</b>	
				4. FEI Number <b>36-3406534</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	


9. Name and Address of Current Registered Agent <b>WING, ROBERT G. NBD BANK, FSB 1320 VENICE AVE. EAST VENICE FL 34292</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TINSLEY, EDWARD			1.2 NAME			
STREET ADDRESS	39555 ORCHARD HILL PL DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	NOVI MI 48375			1.4 CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DONOVAN, JAMES E.			2.2 NAME			
STREET ADDRESS	ONE FIRST NATIONAL PLAZA, STE. 0308			2.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60670			2.4 CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WULF, CLARK J			3.2 NAME			
STREET ADDRESS	ONE FIRST NATIONAL PLAZA, STE. 0308			3.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60670			3.4 CITY-ST-ZIP			
TITLE	DTS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOLBEL, DONALD J			4.2 NAME			
STREET ADDRESS	39555 ORCHARD HILL PL DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	NOVI MI			4.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REDDISH, CARIN S			5.2 NAME			
STREET ADDRESS	ONE FIRST NATIONAL PLAZA, STE. 0308			5.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60670			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 on an attachment with an address.

SIGNATURE:  **CLARK J WULF** 4/28/98 312-417-8120

CR2E034 (10/97)