

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615

401.222.3040

2008 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

121067	2. Name of Con Beneficial	poration Mortgage Co. of Rhode Isl	and		
3. Street Address Principal Business Office 26525 N. Riverwoods Blvd.			City Mettawa	State IL	<i>Zip</i> 60045
4. Business Phone No. 224.544.2000 5. State of Incorporation Delware					
6. Brief Description of the Charact Consumer Finance					· -
7. NAMES AND ADDRESSI President Name	ES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT) TILL IN: Vice President Name	SPACES BEFORE USING	ATTACHMENTS
Thomas M. Detelich			Carin Rodemoyer		
Street Address 26525 N. Riverwoods Blvd.			Street Address 26525 N. Riverwoods Blvd.		
^{City} Mettawa	State IL	71p 60045	City Mettawa	State IL	^{Zip} 60045
Secretary Name Loretta R. Abrams			Treasurer Name Daniel W. Anderson		
Street Address 26525 N. Riverwoods Blvd.			Street Address 26525 N. Riverwoods Blvd.		
^{City} Mettawa	State IL	^{Zip} 60045	City Mettawa	State IL	Ζір 60045
8. NAMES AND ADDRESSI Director Name Thomas M. Detelich	ES OF THE DIR	ECTORS: ("X" BOX FOR ATT	ACHMENT) THILL IS Director Name John T. Greene	N SPACES BEFORE USIN	G ATTACHMENTS
Street Address 26525 N. Riverwoods Blvd.			Street Address 26525 N. Riverwoods Blvd.		
City	State	Zip	City	State	Zip
Mettawa	<u></u>	60045	Mettawa	<u>IL</u>	60045
Director Name Kathryn Madison			Director Name		
Street Address 26525 N. Riverwoods Blvd.			Street Address		
^{City} Mettawa	State IL	^{Zip} 60045	City:	State	Zip
SHARES AUTHORIZED 250			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			50 shrs	Common	\$ 100.00
This report must be executed this report must be executed	ed on behalf of the	he corporation by an authorize the corporation by the receiver of	d representative. If the cortrustee.	corporation is in the hand	s of a receiver or to

	Under penalty of perjury, I declare and affirm that I have examined this report,
	including any accompanying schedules and statements, and that all statements
FILED	ontained herein and true and correct.
File Date	11 11 1 1 000 (007) Le la lagelo 9/10/04
AUG 14 (8003	87:11 WY LI Strate Date
Check No.	AIG SMALLY Joseph M. Angelo 31VIS ALLY AND Assistant Secretary
Dy	Ain Shariyan Bosspiriw. Angelo
By:	THE CALLY AND Print on type Name
	Assistant Secretary
FOR SECRETARY OF STATE USE ONLY	Title
	Form 630 Rev. 08/08