

Organization ID # 0086051
State of origin DE
Filing fee \$15.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State



Alison Lundergan Grimes
Secretary of State
P. O. Box 1150
Frankfort, KY 40602-1150
(502) 564-3490
<http://www.sos.ky.gov>

2017 Annual Report Due June 30, 2017

ARP

Exact organization name and principal office address

BENEFICIAL KENTUCKY INC.
1421 W. SHURE DR.
STE. 100
ARLINGTON HEIGHTS IL 60004

The principal office address and registered agent name/office address cannot be changed on this form. You can file online at app.sos.ky.gov/ftsearch or forms can be downloaded from our website.

Registered Agent and Registered Office Address

C T CORPORATION SYSTEM
306 W MAIN ST
SUITE 512
FRANKFORT, KY 40601

Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

| | | |
|----------------|-------------------------|---|
| President | KATHRYN MADISON | 961 WEIGEL DR, ELMHURST, IL 60126 |
| Treasurer | J. GRIFFIN John Griffin | 1421 W SHURE DR. STE 100, ARLINGTON HEIGHTS, IL 60004 |
| Vice President | LYNNE ZAREMBA | |
| Secretary | LYNNE ZAREMBA | |

Directors - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If not specified, director addresses default to the principal office address.

| | |
|-------------------|-----------------------------------|
| KATHRYN M MADISON | 961 WEIGEL DR, ELMHURST, IL 60126 |
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| | |

Please indicate the county in which your business operates:

County: N/A

To complete the following, please shade the box completely.

Please indicate the size of your business:

- Small (Fewer than 50 employees)
- Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:

- Women-Owned
- Veteran-Owned
- Minority-Owned

Please indicate which of the following best describes your business:

- Agriculture
- Mining
- Services
- Construction
- Wholesale Trade
- Retail Trade
- Manufacturing
- Finance, Insurance, Real Estate
- Public Administration
- Transportation, Communications, Electric, Gas, Sanitary Services
- Other

X
Signature of officer or chairman of the board (Required)

RICK BEHNKE - ASSISTANT TREASURER
Title (Required)

5/30/17
Date (Required)

TO AVOID HAVING TO REQUALIFY, SAVE TIME, FILE ONLINE: <http://app.sos.ky.gov/arp/0086051> OR sign and return to the Office with the required \$15.00 filing fee no later than June 30, 2017

To file via mail:

- Confirm the information is correct.
- Make changes by writing on this annual report, or by submitting an attachment with the signed report.
- The signed annual report, any attachments and filing fee (payable to the Kentucky State Treasurer) **must be received in the Office by June 30, 2017**
- If filing online, do not return this annual report or submit payment.