No. C 58102 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Apr 30, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. ABRI CREDIT UNION PATRICIA LOCKE 1350 W RENWICK RD ROMEOVILLE IL 60446		2. Registered Age	Registered Agent and Address (NO PO BOX) NATIONAL REGISTERED AGENTS INC										
				NATIONAL REC											
				921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*											
								4. Corporations: Enter	Names and Busin	ess Addresses of	President, Secretary, and Directors. Treasure	er (optional).			
								Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	MATT THRA	NEN .	536 ELSIE AVE	CREST HILL	IL	USA	60403								
DIRECTOR	DARYL KEENE		24029 W. OTTAWA STREET	PLAINFIELD	IL	USA	60544								
DIRECTOR	WILLIAM VROMAN		4507 SAWTELLE PEAK ROAD	ISLAND PARK	ID	USA	83429								
DIRECTOR	BRADFORD STACY		1780 FIELDSTONE DRIVE NORTH	SHOREWOOD	IL	USA	60431								
REASURER JIM MILLER			4524 BARR CREEK LANE	NAPERVILE	IL	USA	60564								
PRESIDENT	NT BRIAN CEDERGREN		12819 SKYLINE DRIVE	PLAINFIELD	IL	USA	60585-8910								
SECRETARY	MARTY MCGINNIS		21538 NADIA DRIVE	SHOREWOOD	IL	USA	60404-8910								
DIRECTOR	PHILIP BRANSHAW		22633 SPENCER ROAD	NEW LENOX	IL	USA	60451-8910								
DIRECTOR PHILIP WILT			519 EVERETTE AVE.	ROMEOVILLE	IL	USA	60446								
DIRECTOR	MARY ANN EGIZIO		1322 CATON AVENUE	JOLIET	IL	USA	60435								
5. Organized Under the Laws of: 6. Annual		6. Annual Repor	Annual Report must be signed.*												
IL C 58102		Signature: Samantha Edler		Date: 04/28/2017											
		Name (type or print): Samantha Edler		Title: Executive Assistant											
Processed 04/28/2017		* Electronically p	rovided signatures are accepted as original si	ignatures.											