

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212510574

1.) CORPORATION NAME:

**Professionals Direct Finance, Inc.**

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1504903**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	60,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 440 LINCOLN STREET  
ATTN: CORPORATE SECRETARY

CITY/ST/ZIP: WORCESTER, MA 01653

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	GERALD T MERRITT				
TITLE:	PRESIDENT				
ADDRESS:	333 PIERCE ROAD				
	STE 300				
CITY/ST/ZIP/CO:	ITASCA, IL 60143				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	CHARLES F CRONIN				
TITLE:	SECRETARY				
ADDRESS:	440 LINCOLN ST				
CITY/ST/ZIP/CO:	WORCESTER, MA 01653				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	J. KENDALL HUBER				
TITLE:	ASST SECRETARY				
ADDRESS:	440 LINCOLN STREET				
CITY/ST/ZIP/CO:	WORCESTER, MA 01653				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	ANDREW S ROBINSON				
TITLE:	DIRECTOR				
ADDRESS:	440 LINCOLN ST				
CITY/ST/ZIP/CO:	WORCESTER, MA 01653				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JOHN C ROCHE				
TITLE:	DIRECTOR				
ADDRESS:	440 LINCOLN ST				
CITY/ST/ZIP/CO:	WORCESTER, MA 01653				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	J. KENDALL HUBER				
TITLE:	VICE PRESIDENT				
ADDRESS:	440 LINCOLN STREET				
CITY/ST/ZIP/CO:	WORCESTER, MA 01653				

NAME: DAVID B. GREENFIELD TITLE: VICE PRESIDENT ADDRESS: 440 LINCOLN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01653	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: ANN K. TRIPP TITLE: TREASURER ADDRESS: 440 LINCOLN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01653	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ CHARLES F CRONIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHARLES F CRONIN, SECRETARY PRINTED NAME AND CORPORATE TITLE	3/26/2012 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.