

SCC eFile

**2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

213519271

1.) CORPORATION NAME:

**Professionals Direct Finance, Inc.**

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1504903**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MI**

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.

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

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

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

NAME:	ANDREW C. FURMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	440 LINCOLN STREET		
CITY/ST/ZIP/CO:	WORCESTER, MA 01653		

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

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

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW S ROBINSON DIRECTOR 440 LINCOLN ST WORCESTER, MA 01653	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN C ROCHE DIRECTOR 440 LINCOLN ST WORCESTER, MA 01653	<input type="checkbox"/> OFFICER	<input checked="" 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	4/23/2013 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.