

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214517799

1.) CORPORATION NAME:

**Engs Commercial Finance Co.**

DUE DATE: **4/2/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM  
4701 COX RD STE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1952953**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	120,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2441 WARRENVILLE RD STE 310

CITY/ST/ZIP: LISLE, IL 60532

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 checked="" type="checkbox"/> DIRECTOR
NAME:	CRAIG WEINEWUTH		
TITLE:	PRESIDENT		
ADDRESS:	2441 WARRENVILLE RD STE 310		
CITY/ST/ZIP/CO:	LISLE, IL 60532		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAMES FREUND		
TITLE:	VICE PRESIDENT		
ADDRESS:	2441 WARRENVILLE RD ST 310		
CITY/ST/ZIP/CO:	LISLE, IL 60532		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOHN VANDE MOORE		
TITLE:	CFO		
ADDRESS:	2441 WARRENVILLE RD STE 310		
CITY/ST/ZIP/CO:	LISLE, IL 60532		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TOM DONOHUE		
TITLE:	DIRECTOR		
ADDRESS:	2441 WARRENVILLE RD STE 310		
CITY/ST/ZIP/CO:	LISLE, IL 60532		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN ENGS		
TITLE:	SECRETARY		
ADDRESS:	2441 WARRENVILLE RD STE 310		
CITY/ST/ZIP/CO:	LISLE, IL 60532		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ARTHUR SILVERMAN		
TITLE:	DIRECTOR		
ADDRESS:	2441 WARRENVILLE ROAD STE 310		
CITY/ST/ZIP/CO:	LISLE, IL 60532		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN GOLDFARB DIRECTOR 2441 WARRENVILLE ROAD STE 310 LISLE, IL 60532	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL SIMANOVSKY DIRECTOR 2441 WARRENVILLE ROAD STE 310 LISLE, IL 60532	<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/ JOHN VANDE MOORE	JOHN VANDE MOORE, CFO	4/2/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

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.