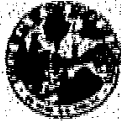


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 817830 (3)

1. Corporation Name
NOVUS CREDIT SERVICES INC.

Principal Place of Business Mailing Address
**C/O TAX DEPART 1-H
2500 LAKE COOK RD
RIVERWOODS IL 60015
US** **C/O TAX DEPARTMENT 1-H
2500 LAKE COOK RD
RIVERWOODS IL 60015
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/09/1961** 3a. Date of Last Report **05/01/1994**
4. FBI Number **36-2517428** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	PURCELL, PHILIP J.
STREET ADDRESS	2500 LAKE COOK ROAD
CITY - ST - ZIP	RIVERWOODS IL
TITLE	DVS
NAME	EDWARDS, CHRISTINE A.
STREET ADDRESS	2500 LAKE COOK ROAD
CITY - ST - ZIP	RIVERWOODS IL
TITLE	DEV
NAME	DONOVAN, NANCY S.
STREET ADDRESS	2500 LAKE COOK ROAD
CITY - ST - ZIP	RIVERWOODS IL
TITLE	CFO
NAME	SCHNEIDER, THOMAS C.
STREET ADDRESS	2 WORLD TRADE CENTER
CITY - ST - ZIP	NEW YORK NY
TITLE	T
NAME	KUMAR, BIRENDRA
STREET ADDRESS	2 WORLD TRADE CENTER
CITY - ST - ZIP	NEW YORK NY
TITLE	AS
NAME	ADLER, DONALD N.
STREET ADDRESS	2500 LAKE COOK ROAD
CITY - ST - ZIP	RIVERWOODS IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Purcell, Philip J.
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald N. Adler Donald N. Adler, Asst. Secretary 4/27/95 708/405-1179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)