

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 830113 (7)

1. Corporation Name:
UNITED COMPUCRED COLLECTIONS, INC.



Principal Place of Business: **4190 HARRISON AVE P. O. BOX 111100 CINCINNATI OH 45211**

Mailing Address: **4190 HARRISON AVE P. O. BOX 111100 CINCINNATI OH 45211**

3. Date Incorporated or Qualified 05/10/1973	3a. Date of Last Report 04/26/1995
4. FEIN Number 31-0801699	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name Ethel Mahon
82. Street Address (P.O. Box Number Is Not Acceptable) 10909 Atlantic Blvd. Ste 16
83.
84. City Jacksonville
85. Zip Code FL 32225

11. Pursuant to the provisions of Sections 07.007 and 199.1100, 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 I accept the obligations of, Sections 07.007 and 199.1100, Florida Statutes.

SIGNATURE: *Ethel Mahon* DATE: **03 26 96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> DELETED	P STINEMAN, ARTHUR B 4190 HARRISON AVE CINCINNATI, OH 00000	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETED	T PRINCE, THOMAS 4190 HARRISON AVE CINCINNATI, OH 00000	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETED	S CLEETER, DENIS R 4190 HARRISON AVE CINCINNATI OH	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETED		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETED		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETED		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETED		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETED		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETED		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETED		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETED		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied in this statement is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included in this statement is true and correct 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; that I am authorized by the board of directors to execute this document as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13. If change of name is indicated, include both an address.

SIGNATURE: *Thomas Prince* **SVP Thomas Prince 3-19-96 513-481-9000**

CR2E034 (12/95)