

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P09250 (2)

1. Corporation Name
DIEBOLD CREDIT CORPORATION



Principal Place of Business 818 MULBERRY RD. SE P O BOX 8230 CANTON OH 44711 US	Mailing Address 818 MULBERRY RD SE P O BOX 8230 CANTON OH 44711 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 02/25/1986	Applied For Not Applicable
4. FEI Number 34-1402596	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

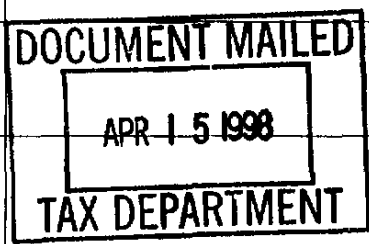
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	MAHONEY, ROBERT W.
STREET ADDRESS	818 MULBERRY ROAD, SE
CITY-ST-ZIP	CANTON OH
TITLE	VD <input type="checkbox"/> DELETE
NAME	MORRIS, GERALD FRANCIS
STREET ADDRESS	818 MULBERRY RD S.E.
CITY-ST-ZIP	CANTON OH
TITLE	VTD <input type="checkbox"/> DELETE
NAME	WARREN, ROBERT
STREET ADDRESS	818 MULBERRY ROAD, SE
CITY-ST-ZIP	CANTON OH
TITLE	S <input type="checkbox"/> DELETE
NAME	FRANCIS-VOGELSANG, C.
STREET ADDRESS	818 MULBERRY ROAD, SE
CITY-ST-ZIP	CANTON OH
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____

CR2E034 (10/97)

DIEBOLD CREDIT CORPORATION

OFFICERS

**ROBERT WILLIAM MAHONEY
PRESIDENT**

**GERALD FRANCIS MORRIS
VICE PRESIDENT**

**ROBERT JAMES WARREN
VICE PRESIDENT AND TREASURER**

**CHAREE FRANCIS-VOGELSANG
SECRETARY**

RESIDENCE ADDRESS

**5291 ST. ANDREWS DR.
CANTON, OHIO 44708**

**6683 MILITIA HILL, NW
CANTON, OHIO 44718**

**1025 CHELMSFORD, NW
N. CANTON, OHIO 44720**

**7799 HEARTHSTONE AVE.
N. CANTON, OHIO 44720**

DIRECTORS

ROBERT WILLIAM MAHONEY

**5291 ST. ANDREWS DR.
CANTON, OHIO 44708**

GERALD FRANCIS MORRIS

**6683 MILITIA HILL, NW
CANTON, OHIO 44718**

ROBERT JAMES WARREN

**1025 CHELMSFORD, NW
N. CANTON, OHIO 44720**

The business address of all the officers and directors is:

818 Mulberry Road, S.E., Canton, Ohio 44707-3256