

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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90111 049 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P09250**  
 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		3. Date Incorporated or Qualified <b>02/25/1986</b>	
21		26		4. FEI Number <b>34-1402596</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes the current year Intangible Personal Property Tax. <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**

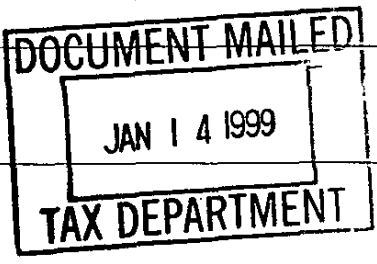
10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONEY, ROBERT W.	1.2 NAME	
STREET ADDRESS	818 MULBERRY ROAD, SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CANTON OH	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, GERALD FRANCIS	2.2 NAME	
STREET ADDRESS	818 MULBERRY RD S.E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CANTON OH	2.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, ROBERT	3.2 NAME	
STREET ADDRESS	818 MULBERRY ROAD, SE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CANTON OH	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS-VOGELSANG, C.	4.2 NAME	
STREET ADDRESS	818 MULBERRY ROAD, SE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CANTON OH	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Robert J. Warren **REQUIRED** 1/6/99 330-490-6841  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**VICE PRESIDENT & TREASURER**

CR2E034 (1/1/98)

dcc off home

250422-90111-49  
P09250

DIEBOLD CREDIT CORPORATION

**OFFICERS**

ROBERT W. MAHONEY, . . .  
PRESIDENT

GERALD F. MORRIS

ROBERT J. WARREN  
VICE PRESIDENT & TREASURER

CHAREE FRANCIS-VOGELSANG  
SECRETARY

**WORK ADDRESS**

5291 ST. ANDREWS DRIVE  
CANTON, OHIO 44708

6683 MILITIA HILL, NW  
CANTON, OHIO 44718

1609-E SOUTH MAIN STREET  
N. CANTON, OHIO 44709

7799 HEARTHSTONE AVE  
N. CANTON, OHIO 44720

**DIRECTORS**

ROBERT W. MAHONEY

GERALD F. MORRIS

ROBERT J. WARREN

5291 ST. ANDREWS DRIVE  
CANTON, OHIO 44708

6683 MILITIA HILL, NW  
CANTON, OHIO 44707

1609-E SOUTH MAIN STREET  
N. CANTON, OHIO 44709