


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90021 015 \*\*\*150.00

**DOCUMENT # P09250**

1. Entity Name  
**DIEBOLD CREDIT CORPORATION**



Principal Place of Business      Mailing Address

**818 MULBERRY RD, SE**      **P O BOX 3077 C/O 9-C-L26**  
**P O BOX 8230**      **N.CANTON, OH 44720-8077 US**  
**CANTON, OH 44711 US**

**DO NOT WRITE IN THIS SPACE**

**TAX DEPARTMENT**



02032005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>34-1402596</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GESWEIN, GREGORY T 818 MULBERRY ROAD, SE CANTON, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WARREN, ROBERT 818 MULBERRY ROAD, SE CANTON, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANCIS-VOGELSANG, C. 818 MULBERRY ROAD, SE CANTON, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert J. Warren      **VICE PRESIDENT & TREASURER**      2/15/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

ATTACHMENT  
dccc off BUS

40021236

# P09250

**DIEBOLD CREDIT CORPORATION**

OFFICERS

WORK ADDRESS

GREGORY T. GESWEIN  
PRESIDENT

5995 MAYFAIR RD  
N. CANTON, OHIO 44720-8077

ROBERT J. WARREN  
VICE PRESIDENT & TREASURER

5995 MAYFAIR RD  
N. CANTON, OHIO 44720-8077

JEFFREY J. VANCLEVE  
VICE PRESIDENT & GENERAL MANAGER

5995 MAYFAIR RD  
N. CANTON, OHIO 44720-8077

WARREN W. DETTINGER  
VICE PRESIDENT & ASSISTANT SECRETARY

5995 MAYFAIR RD  
N. CANTON, OHIO 44720-8077

DIRECTORS

GREGORY T. GESWEIN

5995 MAYFAIR RD  
N. CANTON, OHIO 44720-8077

ROBERT J. WARREN

5995 MAYFAIR RD  
N. CANTON, OHIO 44720-8077

WARREN W. DETTINGER

5995 MAYFAIR RD  
N. CANTON, OHIO 44720-8077