


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90024 017 ***150.00

DOCUMENT # P09250			
1. Entity Name DIEBOLD CREDIT CORPORATION			
Principal Place of Business 818 MULBERRY RD, SE P O BOX 0230 CANTON, OH 44711 US		Mailing Address P O BOX 3077 C/O 9-C-L26 N.CANTON, OH 44720-8077 US	
2. Principal Place of Business 5995 Mayfair Rd		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State North Canton, OH		City & State	
Zip OH 44720		Country Summit	
4. FEI Number 34-1402596		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME GESWEIN, GREGORY T	TITLE	P-CEO
STREET ADDRESS 818 MULBERRY ROAD, SE	CITY-ST-ZIP CANTON, OH	NAME Kevin Krakora	STREET ADDRESS 5995 Mayfair Rd
	<input checked="" type="checkbox"/> Delete	CITY-ST-ZIP NORTH CANTON OH 44720	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VTD	NAME WARREN, ROBERT	TITLE	
STREET ADDRESS 818 MULBERRY ROAD, SE	CITY-ST-ZIP CANTON, OH	NAME	
	<input type="checkbox"/> Delete	STREET ADDRESS	
TITLE S	NAME FRANCIS-VOGELSANG, C.	TITLE	S. Warren Dettinger
STREET ADDRESS 818 MULBERRY ROAD, SE	CITY-ST-ZIP CANTON, OH	NAME	5995 Mayfair Rd
	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	North Canton, OH 44720
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Robert J. Warren</i> Robert J. Warren		VICE PRESIDENT & TREASURER Date: 1/27/06 Daytime Phone #: (330) 490-6907	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	