

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P27555 (2)

1. Corporation Name

AMERITECH CREDIT CORPORATION



Principal Place of Business

2550 W GOLF RD
ROLLING MEADOWS IL 60008

Mailing Address

2550 W GOLF RD
ROLLING MEADOWS IL 60008

3. Date Incorporated or Qualified
01/03/1990

3a. Date of Last Report
02/02/1995

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

4. FEI Number

36-3284986

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	HORSLEY, R. S	
STREET ADDRESS	2550 W GOLF RD	
CITY - ST - ZIP	ROLLING MEADOWS IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPRACKER, MARILYN	
STREET ADDRESS	30 S. WACKER DRIVE	
CITY - ST - ZIP	CHICAGO IL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	O'TOOLE, ROBERT J.	
STREET ADDRESS	2550 W. GOLF RD	
CITY - ST - ZIP	ROLLING MEADOWS IL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MASON, JEFFREY R	
STREET ADDRESS	2550 W GOLF RD	
CITY - ST - ZIP	ROLLING MEADOWS IL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SILVERMAN, DANIEL	
STREET ADDRESS	2550 W. GOLF RD.	
CITY - ST - ZIP	ROLLING MEADOWS IL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HOWATT, BRUCE	
STREET ADDRESS	30 S. WACKER DR.	
CITY - ST - ZIP	CHICAGO IL	

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	TREASURER
4.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	500001803805
5.3 STREET ADDRESS	-05/01/96--01104--033
5.4 CITY - ST - ZIP	***200.00
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

R. Mason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/96

Date

847/240-5000

Daytime Phone #

CR2E034 (12/95)