

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90063 017 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

| | | | |
|---|---|---|--|
| DOCUMENT # P27555 | | | |
| 1. Entity Name AMERITECH CREDIT CORPORATION | | | |
| DO NOT WRITE IN THIS SPACE | | | |
| 2. Principal Place of Business 2000 W. Ameritech Center Dr. Suite, Apt. #, etc. 4C23E City & State HOFFMAN ESTATES IL | | 3. Mailing Address Suite, Apt. #, etc. City & State | |
| Zip 60196 | | Country U.S. | |
| 4. FEI Number 36-3284986 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| DO NOT WRITE IN THIS SPACE | | | |
| 7. Name and Address of Current Registered Agent | | | |
| Name CT Corporation System | | | |
| Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd | | | |
| City Plantation | | | |
| State FL | | | |
| Zip Code 33324 | | | |
| 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 | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | |
| DATE | | | |
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State | | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | President Jeffrey Mason 2000 W. Ameritech Center Dr Hoffman Estates, IL 60196 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Secretary Vicki Prot 2000 W. Ameritech Center Dr Hoffman Estates, IL 60196 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Treasurer Michael Viola 175 E. Houston San Antonio, TX 78205 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Vice President/CFO Diane Gleason 2000 W. Ameritech Center Dr Hoffman Estates, IL 60196 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Vice President Paul Wride 2000 W. Ameritech Center Dr Hoffman Estates, IL 60196 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Assistant Secretary Paula Anderson 175 E. Houston San Antonio, TX 78205 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| DO NOT WRITE IN THIS SPACE | | | |
| 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 on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <u>Diane Gleason</u> - <u>DIANE GLEASON</u> | | 4/28/03 (847) 290-5000 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |