

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P36835** (7)

1. Corporation Name

**PORSCHE CREDIT CORPORATION**



Principal Place of Business

100 W. LIBERTY  
RENO NV 89501

Mailing Address

100 W. LIBERTY  
RENO NV 89501

3. Date Incorporated or Qualified  
**12/23/1991**

3a. Date of Last Report  
**02/06/1995**

2. Principal Place of Business

2a. Mailing Address

21 4343 Commerce Court

26 4343 Commerce Court

22 Suite 104

27 Suite 104

23 Lisle, IL

28 Lisle, IL

24 Zip 60532 Country USA

29 Zip 60532 Country USA

4. FEI Number  
**88-0273846**

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

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  
85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0702 and 607.1506, 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 of the person authorized to file this report

Signature of the Agent

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE	D	<input type="checkbox"/> DELETE
11.2 NAME	GNAUERT, WALTER	
11.3 STREET ADDRESS	PORSCHESTR. 42, 70435 STUTTGART	
11.4 CITY-STATE-ZIP	ZUFFENHAUSEN GE	
11.5 TITLE	D	<input type="checkbox"/> DELETE
11.6 NAME	SCHWAB, FREDERICK J.	
11.7 STREET ADDRESS	100 W. LIBERTY ST.	
11.8 CITY-STATE-ZIP	RENO NV	
11.9 TITLE	S	<input type="checkbox"/> DELETE
11.10 NAME	CLARK, SCOTT B.	
11.11 STREET ADDRESS	100 W. LIBERTY ST.	
11.12 CITY-STATE-ZIP	RENO NV	
11.13 TITLE	T	<input type="checkbox"/> DELETE
11.14 NAME	DUPPER, ROSS A.	
11.15 STREET ADDRESS	100 W. LIBERTY ST.	
11.16 CITY-STATE-ZIP	RENO NV	
11.17 TITLE	P	<input type="checkbox"/> DELETE
11.18 NAME	DWYER, ROBERT	
11.19 STREET ADDRESS	100 WEST LIBERTY	
11.20 CITY-STATE-ZIP	RENO NV	
11.21 TITLE	Asst. Secretary	<input type="checkbox"/> DELETE
11.22 NAME	Richard A. Kosiec	
11.23 STREET ADDRESS	4343 Commerce Court	
11.24 CITY-STATE-ZIP	Lisle, IL 60532	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	Holger P. Härter
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	
13.13 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	4343 Commerce Court
13.16 CITY-STATE-ZIP	Lisle, IL 60532
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied on 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: *Richard A. Kosiec* Assistant Secretary

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-96 708-505-1515

DATE DAY/MONTH/YEAR

CR2E034 (12/95)