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**Apr 23 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P36835 (7)
 1. Corporation Name
PORSCHE CREDIT CORPORATION



Principal Place of Business 4343 COMMERCE CT SUTTE 104 LISLE IL 60532 US	Mailing Address 4343 COMMERCE CT SUITE 104 LISLE IL 60532-3614 US
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3. Date Incorporated or Qualified 12/23/1991	3a. Date of Last Report 02/27/1996
4. FEI Number 88-0273846	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22 Suite 214	Suite, Apt. #, etc. 27 Suite 214
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 29	Country 30

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HARTER, HOLGER P		1.2 NAME	
STREET ADDRESS PORSCHSTR. 42, 70435 STUTTGART		1.3 STREET ADDRESS	
CITY- ST- ZIP ZUFFENHAUSEN GE		1.4 CITY- ST- ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SCHWAB, FREDERICK J.		2.2 NAME	
STREET ADDRESS 100 W. LIBERTY ST.		2.3 STREET ADDRESS	
CITY- ST- ZIP RENO NV		2.4 CITY- ST- ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CLARK, SCOTT B.		3.2 NAME	
STREET ADDRESS 100 W. LIBERTY ST.		3.3 STREET ADDRESS	
CITY- ST- ZIP RENO NV		3.4 CITY- ST- ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DUPPER, ROSS A.		4.2 NAME	
STREET ADDRESS 100 W. LIBERTY ST.		4.3 STREET ADDRESS	
CITY- ST- ZIP RENO NV		4.4 CITY- ST- ZIP	
TITLE P	<input type="checkbox"/> DELETE	5.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DWYER, ROBERT		5.2 NAME	
STREET ADDRESS 4343 COMEMRCE CT		5.3 STREET ADDRESS	
CITY- ST- ZIP LISLE IL		5.4 CITY- ST- ZIP	
TITLE AS	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KOSIEC, RICHARD A		6.2 NAME	
STREET ADDRESS 4343 COMMERCE CT		6.3 STREET ADDRESS	
CITY- ST- ZIP LISLE IL		6.4 CITY- ST- ZIP	

14. I do 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 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 **RICHARD A. KOSIEC** 4/16/97 (630) 505-1515
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)