

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 3:09

DOCUMENT # **814224** (2)

1. Corporation Name
FORD MOTOR CREDIT COMPANY

Principal Place of Business	Mailing Address
LEGAL OFFICE THE AMERICAN RD PO BOX 6044 DEARBORN MICHIGAN 48121-6027 US	LEGAL OFFICE THE AMERICAN RD PO BOX 6044 DEARBORN MICHIGAN 48121-6027 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/16/1960	3a. Date of Last Report 03/31/1994
4. FEI Number 38-1612444	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM ✓ 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 the corporation) NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODOM, W.E. ✓	1.2 NAME	
STREET ADDRESS	THE AMERICAN ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	DEARBORN MI	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, E.B. II ✓	2.2 NAME	
STREET ADDRESS	THE AMERICAN ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	DEARBORN MI	2.4 CITY - ST - ZIP	
TITLE	EVD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLUSSOLD, J.G. ✓	3.2 NAME	
STREET ADDRESS	THE AMERICAN ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	DEARBORN MI	3.4 CITY - ST - ZIP	
TITLE	EVD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNER, R.D. ✓	4.2 NAME	
STREET ADDRESS	THE AMERICAN ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	DEARBORN MI	4.4 CITY - ST - ZIP	
TITLE	EVD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COATES, K.J. ✓	5.2 NAME	
STREET ADDRESS	THE AMERICAN ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	DEARBORN MI	5.4 CITY - ST - ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGOFF, C.V. ✓	6.2 NAME	
STREET ADDRESS	THE AMERICAN ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	DEARBORN MI	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 110.07(3)(b), 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: *Carol V. Rogoff*
 SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
 Carol V. Rogoff
 Assistant Secretary
 APR 01 1995
 (313)
 323-4880