


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 814224</b> 1. Entity Name FORD MOTOR CREDIT COMPANY	
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Principal Place of Business 1 AMERICAN ROAD, LEGAL OFFICE DEARBORN, MI 48121-6027 US	Mailing Address PO BOX 6044 LEGAL OFFICE DEARBORN, MI 48121-6027 US
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01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 38-1612444	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD SMITH, GREGORY C 1 AMERICAN RD. DEARBORN, MI 48121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD CHENAULT, TERRY DON 1 AMERICAN RD. DEARBORN, MI 48121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, SUSAN J 1 AMERICAN RD. DEARBORN, MI 48121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LEE, ANN O 1 AMERICAN RD. DEARBORN, MI 48121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SWARTZ, JAMES M 1 AMERICAN RD. DEARBORN, MI 48121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILMOUR, ALLAN D 1 AMERICAN RD. DEARBORN, MI 48121

100000009821  
01/22/04-80006-010 150.00

**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 203, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Swartz  
Assistant Secretary

Date

Daytime Phone #

1/14/04 (313) 350-318