

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 841891 (5)

1. Corporation Name

PAYCO-GENERAL AMERICAN CREDITS, INC.



Principal Place of Business

1209 ORANGE STREET  
C/O CORPORATION TRUST CO.  
WILMINGTON DE 19801

Mailing Address

1209 ORANGE STREET  
C/O CORPORATION TRUST CO.  
WILMINGTON DE 19801

2. Principal Place of Business  
21 180 N Executive Dr  
Suite, Apt. #, etc.  
22  
City & State  
23 Brookfield WI  
Zip  
24 53005 Country  
25 US  
2a. Mailing Address  
26 180 N Executive Dr  
Suite, Apt. #, etc.  
27  
City & State  
28 Brookfield WI  
Zip  
29 53005 Country  
30 US

3. Date Incorporated or Qualified 11/22/1978  
3a. Date of Last Report 04/20/1995  
4. FEI Number 39-1314048  
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 FL 85 Zip Code

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 filer (application)

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARBY, NEAL R	1.2 NAME	
STREET ADDRESS	180 N EXECUTIVE DR	1.3 STREET ADDRESS	
CITY- ST- ZIP	BROOKFIELD, WIS 0	1.4 CITY- ST- ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUNCHES, DENNIS	2.2 NAME	
STREET ADDRESS	180 N EXECUTIVE DR	2.3 STREET ADDRESS	
CITY- ST- ZIP	BROOKFIELD, WIS 0	2.4 CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAGEL, WILLIAM	3.2 NAME	
STREET ADDRESS	180 N EXECUTIVE DR	3.3 STREET ADDRESS	
CITY- ST- ZIP	BROOKFIELD, WIS 0	3.4 CITY- ST- ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHMANN, JAMES R.	4.2 NAME	
STREET ADDRESS	180 N. EXECUTIVE DR.	4.3 STREET ADDRESS	
CITY- ST- ZIP	BROOKFIELD WI	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 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:

*James R Bohmann*

James R Bohmann

4-1-96

414-780-7352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)