

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 19001
Mailing Address: 1209 ORANGE STREET, C/O CORPORATION TRUST CO., WILMINGTON DE 19001

2. Principal Place of Business: 21 180 N Executive Dr, Suite, Apt. #, etc. 22 Brookfield WI, Zip 53005, Country US
2a. Mailing Address: 26 180 N Executive Dr, Suite, Apt. #, etc. 27 Brookfield WI, Zip 53005, Country US

3. Date Incorporated or Qualified: 11/22/1978
3a. Date of Last Report: 04/20/1995
4. FEI Number: 39-1314048
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: _____ DATE: _____
(NOTE: Registered Agent's signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: S	NAME: SPARBY, NEAL R	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 180 N EXECUTIVE DR	CITY-STATE-ZIP: BROOKFIELD, WIS 0	1.2 NAME	
TITLE: PD	NAME: PUNCHES, DENNIS	1.3 STREET ADDRESS	
STREET ADDRESS: 180 N EXECUTIVE DR	CITY-STATE-ZIP: BROOKFIELD, WIS 0	1.4 CITY-STATE-ZIP	
TITLE: VD	NAME: KAGEL, WILLIAM	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 180 N EXECUTIVE DR	CITY-STATE-ZIP: BROOKFIELD, WIS 0	2.2 NAME	
TITLE: T	NAME: BOHMANN, JAMES R.	2.3 STREET ADDRESS	
STREET ADDRESS: 180 N. EXECUTIVE DR.	CITY-STATE-ZIP: BROODFIELD WI	2.4 CITY-STATE-ZIP	
TITLE:	NAME:	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	3.2 NAME	
TITLE:	NAME:	3.3 STREET ADDRESS	
STREET ADDRESS:	CITY-STATE-ZIP:	3.4 CITY-STATE-ZIP	
TITLE:	NAME:	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	4.2 NAME	
TITLE:	NAME:	4.3 STREET ADDRESS	
STREET ADDRESS:	CITY-STATE-ZIP:	4.4 CITY-STATE-ZIP	
TITLE:	NAME:	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	5.2 NAME	
TITLE:	NAME:	5.3 STREET ADDRESS	
STREET ADDRESS:	CITY-STATE-ZIP:	5.4 CITY-STATE-ZIP	
TITLE:	NAME:	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	6.2 NAME	
TITLE:	NAME:	6.3 STREET ADDRESS	
STREET ADDRESS:	CITY-STATE-ZIP:	6.4 CITY-STATE-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 Bohman James R Bohmann 4-1-96 414-780-7352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY PHONE #

CR2E034 (12/95)