

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 841891 (5)
 1. Corporation Name
PAYCO-GENERAL AMERICAN CREDITS, INC.



Principal Place of Business 180 N EXECUTIVE DR BROOKFIELD WI 53005 US	Mailing Address 180 N. EXECUTIVE DR BROOKFIELD WI 53005 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/22/1978	
21	26	4. FEI Number 39-1314048		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEFFA TIMOTHY G.	1.2 NAME	
STREET ADDRESS	514 EARTH CITY PLAZA SUITE 222	1.3 STREET ADDRESS	390 S. Woodsmill Rd., Suite 150
CITY-ST-ZIP	EARTH CITY MO	1.4 CITY-ST-ZIP	Chesterfield, MO 63017
TITLE	PD	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	3.1 TITLE	<input checked="" 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	53005
TITLE	+	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHMANN, JAMES R.	4.2 NAME	Vice President/Secretary
STREET ADDRESS	180 N. EXECUTIVE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BROODFIELD WI	4.4 CITY-ST-ZIP	53005
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZACHEN, TYLER & KING D	5.2 NAME	
STREET ADDRESS	101 52ND ST 31ST FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK CITY NY	5.4 CITY-ST-ZIP	10022
TITLE		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 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: *James R. Bohmann* James R. Bohmann 3/13/98 (414) 780 7464

CF2E034 (10/97)