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

CITY-\$T-ZIP

CIGNATURE.

Mar 25 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 841891 (5) PAYCO-GENERAL AMERICAN CREDITS, INC. Principal Place of Business Mailing Address 180 N EXECUTIVE DR 180 N. EXECUTIVE OR **BROOKFIELD WI 53005 BROOKFIELD WI 5300S** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/22/1978 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 39-1314048 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 CT CORPORATION SYSTEM Name 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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 title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition DELETE 1.1 TITLE TITLE BEFFA TIMOTHY G. NAME 1.2 NAME -514 EARTH OITY PLAZA SUITE 222 390 S. Woodsmill Rd., Suite 150 STREET ADDRESS 1.3 STREET ADDRESS EARTH COITY MO-CITY-ST-ZIP 1.4 CITY-ST-7IP Chesterfield, MO 63017 PD TITLE X DELETE 2.1 TITLE Change Addition **PUNCHES, DENNIS** 2.2 NAME 180 N EXECUTIVE DR STREET ADORESS 2.3 STREET ADDRESS BROOKFIELD, WIS 0 CITY-ST-ZIP 2.4 CITY - ST-ZIP **M** DELETE 2 Change __ Addition TITLE 3.1 TITLE President/Treasurer KAGEL, WILLIAM NAME 3.2 NAME 180 N EXECUTIVE DR STREET ADDRESS 3.3 STREET ADDRESS BROOKFIELD, WIS-& CITY-ST-ZIP 3 4. CITY - ST - ZIP 53005 DELETE 2 Change Addition TITLE 4.1 TITLE Vice President/Secretary BOHMANN, JAMES R. 4.2 NAME 180 N. EXECUTIVE DR. STREET ADDRESS 4.3 STREET ADDRESS **BROODFIELD WI** 53005 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE X Change Addition ZACHEN, TYLER & KING D NAME 5.2 NAME 101 52ND ST 31ST FLOOR STREET ADDRESS 5.3 STREET ADDRESS **NEW YORK CITY NY** 10022 CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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.

2/12/00

(414) 300 3864

FILED