

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

FILED

**May 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002325 (6)

1. Corporation Name
MID AM CREDIT CORP



Principal Place of Business 8001 RAVINES EDGE COURT SUITE 202 COLUMBUS OH 43235	Mailing Address 8001 RAVINES EDGE COURT SUITE 202 COLUMBUS OH 43235-5423
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3. Date Incorporated or Qualified 05/09/1986	3a. Date of Last Report
4. FEI Number 31-1459354	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DORR, ROBERT E	
STREET ADDRESS	129 SANCTUARY COURT	
CITY-ST-ZIP	COLUMBUS OH 43235	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	APPEL, PAUL T	
STREET ADDRESS	8147 E. THISTLE COURT	
CITY-ST-ZIP	ORANGE CA 92669	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SOUDER, W G	
STREET ADDRESS	222 S. MAIN STREET	
CITY-ST-ZIP	BOWLING GREEN OH 43402	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANCISCO, DAVID R	
STREET ADDRESS	222 S. MAIN STREET	
CITY-ST-ZIP	BOWLING GREEN OH 43402	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HILLIKER, D J	
STREET ADDRESS	626 ARLINGTON ROAD	
CITY-ST-ZIP	BELLEFONTAINE OH 43311	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEARNS, ROBERT E	
STREET ADDRESS	3637 RIVER ROAD	
CITY-ST-ZIP	TOLEDO OH 43814	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gerald D. Aller	
1.3 STREET ADDRESS	206 S. Lawn Dr.	
1.4 CITY-ST-ZIP	North Baltimore, OH 45872	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 or changed, or on an attachment to this address.

SIGNATURE: Gerald D. Aller - DIRECTOR Date: 4/30/97 Daytime Phone #: 419-257-2221
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)