

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90085 001 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000002325

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/09/1996	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 31-1459354	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2740 Airport Drive Suite, Apt. #, etc. 22 Suite 300 City & State 23 Columbus, Ohio Zip Country 24 43219 25	2a. Mailing Address 26 2740 Airport Drive Suite, Apt. #, etc. 27 Suite 300 City & State 28 Columbus, Ohio Zip Country 29 43219 30
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORR, ROBERT E	1.2 NAME	
STREET ADDRESS	129 SANCTUARY COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43235	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPEL, PAUL T	2.2 NAME	
STREET ADDRESS	8147 E. THISTLE COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CA 92669	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUDER, W G	3.2 NAME	
STREET ADDRESS	222 S. MAIN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN OH 43402	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCISCO, DAVID R	4.2 NAME	
STREET ADDRESS	222 S. MAIN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN OH 43402	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLIKER, D J	5.2 NAME	
STREET ADDRESS	626 ARLINGTON ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEFONTAINE OH 43311	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEARNS, ROBERT E	6.2 NAME	
STREET ADDRESS	3637 RIVER ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH 43614	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)(l), 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, with all other like empowered.

SIGNATURE:

W.G. SOUDER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 (419) 373-6304
 Date Daytime Phone #

CR2E034 (11/98)