

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90339 040 \*\*\*150.00

**DOCUMENT # F96000002325**

1. Entity Name

**MID AM CREDIT CORP**

Principal Place of Business

Mailing Address

2740 AIRPORT DR  
 STE 300  
 COLUMBUS OH 43219

2740 AIRPORT DR  
 STE 300  
 COLUMBUS OH 43219

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-1459354**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 checked="" 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 43614	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marty E. Adams	
STREET ADDRESS	221 S. Church Street	
CITY-ST-ZIP	Bowling Green, OH 43402	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerald D. Aller	
STREET ADDRESS	206 S. Lawn Drive	
CITY-ST-ZIP	N. Baltimore, OH 45872	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keith D. Burgett	
STREET ADDRESS	1225 Canton Rd.	
CITY-ST-ZIP	Carrollton, OH 44615	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas J. Shierson	
STREET ADDRESS	555 Budlong	
CITY-ST-ZIP	Adrian, MI 49221	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert E. Spitler	
STREET ADDRESS	131 E. Court St.	
CITY-ST-ZIP	Bowling Green, OH 43402	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Granger Souder, Jr

Date

2/13/01 419-327-6304

Daytime Phone #

CR2E034 (10/00)