

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01481 (1)**

1. Corporation Name
PRUDENTIAL AGRICULTURAL CREDIT, INC.



Principal Place of Business: **801 WARRENVILLE RD. SUITE 600 LISLE IL 60532 US**
Mailing Address: **801 WARRENVILLE RD. SUITE 600 LISLE IL 60532 US**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **03/27/1984**
3a. Date of Last Report: **02/21/1995**
4. FEI Number: **62-1173951**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
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 607.0602 and 607.1502, 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11a. TITLE: VD	11b. NAME: FEDELER, JERRY	<input checked="" type="checkbox"/> DELETE	
11c. STREET ADDRESS: 745 BROAD ST.			
11d. CITY-STATE-ZIP: NEWARK NJ			
11e. TITLE: V	11f. NAME: MENEELY, JOHN H.	<input type="checkbox"/> DELETE	
11g. STREET ADDRESS: 745 BROAD ST.			
11h. CITY-STATE-ZIP: NEWARK NJ			
11i. TITLE: VD	11j. NAME: NITZ, JOHN	<input type="checkbox"/> DELETE	
11k. STREET ADDRESS: 801 WARRENVILLE ROAD, SUITE 600			
11l. CITY-STATE-ZIP: LISLE IL			
11m. TITLE: PD	11n. NAME: POPE, RANDALL, E	<input checked="" type="checkbox"/> DELETE	
11o. STREET ADDRESS: 745 BROAD ST.			
11p. CITY-STATE-ZIP: NEWARK NJ			
11q. TITLE: VD	11r. NAME: STUTZMAN, BOB J.	<input type="checkbox"/> DELETE	
11s. STREET ADDRESS: 801 WARRENVILLE ROAD, SUITE 600			
11t. CITY-STATE-ZIP: LISLE IL			
11u. TITLE: D	11v. NAME: MACDOUGAL, FRANK B.	<input type="checkbox"/> DELETE	
11w. STREET ADDRESS: 745 BROAD ST.			
11x. CITY-STATE-ZIP: NEWARK NJ			

12a. TITLE: VD	12b. NAME: DANKER, JEFFREY L.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12c. STREET ADDRESS: 745 BROAD ST.		
12d. CITY-STATE-ZIP: NEWARK NJ 07101		
13a. TITLE: V	13b. NAME: 801 WARRENVILLE RD., SUITE 600	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13c. STREET ADDRESS: LISLE, IL 60532		
13d. CITY-STATE-ZIP: LISLE, IL 60532		
13e. TITLE: VD	13f. NAME: DANKER TUCKER, IVAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13g. STREET ADDRESS: 745 BROAD ST.		
13h. CITY-STATE-ZIP: NEWARK, NJ 07101		
13i. TITLE: PD	13j. NAME: 801 WARRENVILLE RD., SUITE 600	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13k. STREET ADDRESS: LISLE, IL 60532		
13l. CITY-STATE-ZIP: LISLE, IL 60532		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as required, or on an attachment with an address.

SIGNATURE: *John Nitz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN G. NITZ 2/2/94 708 510-1700
DATE SIGNATURE

CR2E034 (12/95)