FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05029 (4)

1. Corporation Name
CENTEL CREDIT COMPANY

Principal Place of Business	Mailing Address
2330 SHAWNEE MISSION PKWY WESTWOOD KS 66205 US	2330 SHAWNEE MISSION PKWY WESTWOOD KS 66205 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 Same as above
Suite, Apt. # or Bldg. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. # or Bldg. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 36-3354664 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (Typed or printed name of registered agent and title if agent is a corporation) (If agent is a corporation, signature of officer) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	P	Title	☐ Change ☐ Addition
Name	MEYER, JOHN P	Name	
Street Address	8725 HIGGINS RD	Street Address	
City-St-Zip	CHICAGO IL 60631	City-St-Zip	
Title	V	Title	☐ Change ☐ Addition
Name	KURTZE, A. ALLAN	Name	
Street Address	8725 HIGGINS RD	Street Address	
City-St-Zip	CHICAGO IL 66031	City-St-Zip	
Title	VPD	Title	☐ Change ☐ Addition
Name	JENSEN, DON A	Name	
Street Address	2330 SHAWNEE MISSION PKWY	Street Address	
City-St-Zip	WESTWOOD KS	City-St-Zip	
Title	T	Title	T ☒ Change ☐ Addition
Name	STRANDJORD, M. JEANNINE C	Name	M. Jeannine Strandjord
Street Address	8725 HIGGINS RD	Street Address	2330 Shawnee Mission Parkway
City-St-Zip	CHICAGO IL 66031	City-St-Zip	Westwood, KS 66205
Title	S	Title	☐ Change ☐ Addition
Name	O'NEILL, MARION W	Name	
Street Address	2330 SHAWNEE MISSION PKWY	Street Address	
City-St-Zip	WESTWOOD KS	City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	

14. I 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)(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.

SIGNATURE: X Don A. Jensen (SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR) 4/27/95 (Date) 913-624-2626 (Daytime Phone #)

Don A. Jensen Vice President / Director

0348863 CP