

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

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95 MAY - 1 11:15
RECEIVED
TREASURY DEPARTMENT
FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Maxwell
Secretary of State
Tallahassee, Florida 32399-0400

DOCUMENT # **P08756** (9)

1. Corporation Name
PAUL HARRIS STORES, INC.

Principal Office of Incorpo...
6003 GUION ROAD
P O BOX 68162
INDIANAPOLIS IN 46268

LOCATED WITHIN THIS SPACE

3. Date Incorporated or Qualified **01/20/1986**
3a. Date of Last Report **05/01/1994**
4. FEI Number **35-0907402**
Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contributor **\$5.00 May Be Added to Fees**
8. This corporation has liability for ad valorem tax under S 193.032 Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 State **FL**

11. Pursuant to the provisions of Sections 193.031 and 193.032, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent or registered agent or both in the State of Florida. This change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. Form to be filed with the Department of State, Tallahassee, Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	PAUL, GERALD
STREET ADDRESS	6003 GUION RD. INDIANAPOLIS IN
TITLE	V
NAME	BARNETT, HOWARD W
STREET ADDRESS	6003 GUION RD. INDIANAPOLIS IN
TITLE	SC
NAME	LAWRENCE, WILLIAM L
STREET ADDRESS	6003 GUION RD. INDIANAPOLIS IN
TITLE	
NAME	
STREET ADDRESS	
TITLE	
NAME	
STREET ADDRESS	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN:

TITLE	P/C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLOTTE G FECHER	
TITLE	V/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN H BOYCE	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH L. HEMMEL, JR	
TITLE	SEE ATTACHED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		

14. I, the undersigned, certify that the information supplied with this filing is complete, correct and true and that I am qualified for the registration stated in this form. I am a resident of the State of Florida. I am the Secretary of the corporation and I am authorized to execute this report as required by Chapter 193, Florida Statutes, and that my name appears in Block 13 on this report as an officer, director or shareholder.

SIGNATURE: *Keith L. Hemmel, Sr.* **KEITH L. HEMMEL, SR.** 4/26/95 11/23/3700
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL HARRIS STORES, INC.
 DIRECTORS & PRINCIPAL OFFICERS
 AS OF FEBRUARY 1995

DIRECTORS ADDRESS

Roger D. Blackwell, Ph.D. 2929 Kenny Rd., Suite 190, Columbus, OH 43221
 Rudy Greer 140 Elmsmere Rd., Bronxville, NY 10708
 Stig A. Kry 12 E. 49th St., Suite 1400, New York, NY 10017
 Robert I. Logan 665 Sheridan Rd., Highland Park, IL 60035
 Gerald Paul 6003 Guion Rd., Indianapolis, IN 46254

Chairman Emeritus

PRINCIPAL OFFICERS ADDRESS TITLE

Charlotte G. Fischer 6003 Guion Rd., Indianapolis, IN 46254 Chairman, President & C.E.O.
 John H. Boyers 6003 Guion Rd., Indianapolis, IN 46254 Sr. V.P. - Finance and Treasurer
 Eloise Paul 6003 Guion Rd., Indianapolis, IN 46254 Sr. V.P. of Merchandising
 Keith L. Himmel, Jr. 6003 Guion Rd., Indianapolis, IN 46254 Controller - Secretary

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AND
FILED

MAY 1 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P08856** (7)
1. Corporation Name
PRINCIPAL MARKETING SERVICES, INC.

Principal Name of Business: **711 HIGH ST. BETTY CREIGHTON, LAW DEPT. DES MOINES IA 50392-0300 US**
Mailing Address: **711 HIGH STREET BETTY CREIGHTON, LAW DEPT. DES MOINES IA 50392-0300 US**

2. Principal Name of Business: **21**
2a. Mailing Address: **26**
3. Date Incorporated or Qualified: **01/27/1986**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **42-1255850**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for interstate tax credits: 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 607.066, 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. Thereby it certifies the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.066, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN:	
12.1 NAME: PD GARDNER, JENNIFER S. STREET ADDRESS: 1021 BRIAR RIDGE ROAD CITY, ST, ZIP: W DES MOINES IA		13.1 (1) NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME: VT WISGERHOF, J.G. STREET ADDRESS: 7113 TWANA DR. CITY, ST, ZIP: URBANDALE IA		13.2 (2) NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME: VS HOFFMAN, J. N. STREET ADDRESS: 5834 PLEASANT DR CITY, ST, ZIP: DES MOINES IA		13.3 (3) NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME: V GORDON, WILLIAM C. STREET ADDRESS: 241 24TH ST CITY, ST, ZIP: W. DES MOINES IA		13.4 (4) NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME: V LEO, FLORY J. STREET ADDRESS: 5821 PLEASANT ST. CITY, ST, ZIP: W. DES MOINES IA		13.5 (5) NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____		13.6 (6) NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that it is true and correct and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE: *Joyce N. Hoffman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joyce N. Hoffman, Vice President & Corporate Secretary

4-19-95 515/247-5111

008856

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Revised 06/94

ATTACHMENT A
 PRINCIPAL MARKETING SERVICES, INC.

Officers

<u>Name</u>	<u>Title</u>	<u>Residence Address</u>
Jennifer S. Gardner #481-70-7348	President	1021 Briar Ridge Road W. Des Moines, IA 50265
Gregg R. Narber #481-56-4721	Senior Vice President & General Counsel	309 Jordan Drive W. Des Moines, IA 50265
William C. Gordon #430-74-0822	Vice President	241 24th Street W. Des Moines, IA 50265
Flory J. Leo #485-68-3769	Vice President	5821 Pleasant Street W. Des Moines, IA 50265
Jerry G. Wisgerhof #479-44-5583	Vice President & Treasurer	7113 Twana Drive Urbandale, IA 50322
David P. Ellingson #484-62-3906	Vice President & Associate General Counsel	4519 Chamberlain Des Moines, IA 50312
Joyce N. Hoffman #481-64-3222	Vice President & Corporate Secretary	5834 Pleasant Drive Des Moines, IA 50312
Douglas C. Cunningham #483-50-4865	Second Vice President & Controller	7928 Greenbelt Circle Urbandale, IA 50322
Craig L. Bassett #479-56-0104	Associate Treasurer	9940 Carpenter Avenue Des Moines, IA 50322
Mary L. Bricker #484-80-1538	Assistant Corporate Secretary	920 - 29th Street Des Moines, IA 50312

Business Address: 711 High Street, Des Moines, Iowa 50392

P0885

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Directors

<u>Name</u>	<u>Residence Address</u>
John E. Aschenbrenner #479-58-2739	8713 Horton Circle Urbandale, IA 50322
C. Robert Duncan #501-56-7284	12955 Woodlands Parkway Clive, IA 50325
Jennifer S. Gardner #481-70-7348	1021 Briar Ridge Road Des Moines, IA 50265
J. Barry Griswell #260-72-7421	605 Grand Oaks Drive West Des Moines, IA 50265
A. Micheal McMahon #482-60-5681	4501 95th Street Urbandale, IA 50322
Douglas W. Wiesner #479-40-2873	112 South 33rd Street West Des Moines, IA 50265

Business Address: 711 High Street, Des Moines, Iowa 50392

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P08886** (4)

1. Corporation Name

ADP FINANCIAL INFORMATION SERVICES, INC.

05 MAY 1995 11:58

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **ONE ADP BLVD ROSELAND, NJ 07068-8728**
Mailing Address: **ONE ADP BLVD. ROSELAND, NJ 07068-8728**

2. Principal Place of Business: **21**
2b. Mailing Address: **26**
State Apt. # etc: **22** MS 433
City & State: **23**
ZIP: **24** COUNTRY: **25** ZIP: **29** COUNTRY: **30**

3. Date Incorporated or Qualified: **01/28/1986** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **22-2640844** 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 misapplied fees under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: _____ FL B5 Zip Code: _____

11. Pursuant to the provisions of Sections 199.032 and 199.033, 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 further willing and do accept the responsibilities of Sections 199.032 and 199.033, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

OFFICE	PSD
NAME	BENSON, JAMES B
STREET ADDRESS	ONE ADP BLVD.
CITY & STATE	ROSELAND, NJ. NJ 07068
OFFICE	VTD
NAME	ANDERSON, FRED D JR
STREET ADDRESS	ONE ADP BLVD.
CITY & STATE	ROSELAND NJ 07068
OFFICE	VD
NAME	HAVILAND, RICHARD J
STREET ADDRESS	ONE ADP BLVD.
CITY & STATE	ROSELAND NJ 07068
OFFICE	AS
NAME	BENSON, JAMES B.
STREET ADDRESS	ONE ADP BLVD.
CITY & STATE	ROSELAND, NJ.
OFFICE	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS IN '95

OFFICE		ROSELAND, NJ 07068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE	V/CFO/D		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE	V/CONT/D		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE		ROBERT J. SINGER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE	V/T	JOSEPH B. PIRRET ONE ADP BLVD. ROSELAND, NJ 07068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
OFFICE			<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and true, not equally for the exemption stated in Section 199.034, Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and shall be subject to the same penalties as if it were the signature of the corporation or the officer or holder empowered to execute the report as required by Chapter 199, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report as the officer or holder with an address.

SIGNATURE: _____ DATE: **4/21/95** 201-994-5525

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

APPROVED
AND
FILED

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
CORPORATION DIVISION

DOCUMENT # **P09434** (2)
To Corporation Name:
PEARLE VISION, INC.

Principal Place of Business: **2534 ROYAL LANE DALLAS TX 75229**
Mailing Address: **2534 ROYAL LANE DALLAS TX 75229**

2. Principal Place of Business: **2534 ROYAL LANE DALLAS TX 75229**
26. Mailing Address: **2534 ROYAL LANE DALLAS TX 75229**
21. State Apt. # etc.:
22. City & State:
23. City & State:
24. ZIP: **75229** County: **Dallas**

DO NOT WRITE IN THIS SPACE

3. Date Reported (if Quarterly): **03/18/1986** 3a. Date of Last Report: **04/20/1994**
4. FEI Number: **75-1157482** 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 5-199 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
B1 Name:
B2 Street Address (P.O. Box Number is Not Acceptable):
B3:
B4 City: **FL** B5 Zip Code:

11. Pursuant to the provisions of Sections 607 (b)(2) and 607.01 (1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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, Sections 607 (b)(2) and 607.01 (1)(b), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

OFFICER	DP
NAME	HARDIE, DAVID A.
STREET ADDRESS	2534 ROYAL LANE
CITY, ST, ZIP	DALLAS TX
OFFICER	VD
NAME	HEGGIE, COLIN C.
STREET ADDRESS	2534 ROYAL LANE
CITY, ST, ZIP	DALLAS TX
OFFICER	SRVP
NAME	HENRY, RONALD P.
STREET ADDRESS	2534 ROYAL LANE
CITY, ST, ZIP	DALLAS TX
OFFICER	DVP
NAME	ROGAN, KEVIN J.
STREET ADDRESS	2534 ROYAL LANE
CITY, ST, ZIP	DALLAS TX
OFFICER	SRV
NAME	HWIG, CRAIG H.
STREET ADDRESS	2534 ROYAL LANE
CITY, ST, ZIP	DALLAS TX
OFFICER	AT
NAME	O'LOUGHLIN, JOHN W.D.
STREET ADDRESS	2534 ROYAL LANE
CITY, ST, ZIP	DALLAS TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICER	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glenn E. Hemmerle	
STREET ADDRESS	2534 Royal Lane	
CITY, ST, ZIP	Dallas, TX 75229	
OFFICER	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	F. Mark Wolfinger	
STREET ADDRESS	2534 Royal Lane	
CITY, ST, ZIP	Dallas, TX 75229	
OFFICER	SRVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dennis Boyton	
STREET ADDRESS	2534 Royal Lane	
CITY, ST, ZIP	Dallas, TX 75229	
OFFICER	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara A. McAninch	
STREET ADDRESS	2534 Royal Lane	
CITY, ST, ZIP	Dallas, TX 75229	
OFFICER	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen M. Kreider	
STREET ADDRESS	2534 Royal Lane	
CITY, ST, ZIP	Dallas, TX 75229	
OFFICER	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leslie R. Johnson	
STREET ADDRESS	200 South Sixth St.	
CITY, ST, ZIP	Minneapolis, Mn 55402	

14. I hereby certify that the information supplied with this report is accurately furnished and does not qualify for the exemption stated in Section 119.07 (1)(a), Florida Statutes. I further certify that the information set forth on the current report is subject to the provisions of Sections 607 (b)(2) and 607.01 (1)(b), Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: *[Signature]* **F. MARK WOLINGER** 4/27/95 (214) 277-5743
SIGNATURE AND TYPE OR PRINTED NAME OF DIRECTOR OR OFFICER

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrman
Secretary of State
Division of Corporate Filings

APPROVED
AND
FILED

DOCUMENT # **P09452** (4)

1. Corporation Name
INTER-TEL, INCORPORATED

APR 11 1995
CORPORATION STATE
TAMPA, FLORIDA

Principal Place of Business: **7300 W. BOSTON STREET CHANDLER AZ 85226**
Mailing Address: **7300 W. BOSTON STREET CHANDLER AZ 85226**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quoted 03/18/1986		3a. Date of Last Report 10/03/1994	
4. FEI Number 86-0220994		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 type="checkbox"/> No			

9. Name and Address of Current Registered Agent BROWN, KRIS 8670 W. BOSTON STREET SUITE 10 TAMPA, FL 33614		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:	
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11. Pursuant to the provisions of Sections 609.01 and 609.02, Florida Statutes, the undersigned corporate officer submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I, the undersigned corporate officer, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of a registered agent in Florida.

SIGNATURE: _____

12. OFFICERS, DIRECTORS, AND SHAREHOLDERS		13. ADDITIONS, CHANGES TO OFFICERS, AND OFFICERS TO REMOVE	
FILE	XPC	FILE	C
NAME	MIHAYLO, STEVEN G.	NAME	Mihaylo, Steven G.
STREET ADDRESS	7300 W. BOSTON STREET CHANDLER AZ 85226-3224	STREET ADDRESS	
FILE	D	FILE	
NAME	ESPERSETH MAURICE H.	NAME	
STREET ADDRESS	7300 W. BOSTON STREET CHANDLER AZ 85226-3224	STREET ADDRESS	
FILE	XVST	FILE	P
NAME	PARICE, THOMAS C.	NAME	Parice, Thomas C.
STREET ADDRESS	7300 W. BOSTON STREET CHANDLER AZ 85226-3224	STREET ADDRESS	7300 W. Boston Street Chandler, AZ 85226-3224
FILE	V	FILE	VST
NAME	KNEIP KURT R.	NAME	Kurt R. Kneip
STREET ADDRESS	7300 W. BOSTON STREET CHANDLER AZ 85226-3224	STREET ADDRESS	
FILE	XV	FILE	V
NAME	SARGENT, MICHAEL	NAME	SARGENT, MICHAEL
STREET ADDRESS	7300 W. BOSTON STREET CHANDLER AZ 85226-3224	STREET ADDRESS	7300 W. Boston Street Chandler, AZ 85226-3224
FILE	D	FILE	
NAME	HADEN C. ROLAND	NAME	
STREET ADDRESS	7300 W. BOSTON STREET CHANDLER AZ 85226-3224	STREET ADDRESS	

14. I, the undersigned, certify that the information supplied with this filing is accurate, correct and true and equally for the exemption stated in Sections 119.02, 119.03, Florida Statutes. I further certify that the information was obtained from the person or persons who provided the information and that the corporation shall have the same kept on file and made available to the public as required by Chapter 119, Florida Statutes, and that my name appears on Block 12 of this filing and on the attached statement with an address.

SIGNATURE: **Kurt R. Kneip** 4-19-95 (602) 961-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-74153

INTER-TEL, INCORPORATED

TITLE: V
NAME: Craig W. Rauchle
ADDRESS: 7300 W. Boston Street
CITY-ST-ZIP: Chandler, AZ 85226-3224

TITLE: V
NAME: Hiroshige Sugihara
ADDRESS: 7300 W. Boston Street
CITY-ST-ZIP: Chandler, AZ 85226-3224

TITLE: D
NAME: Norman Stout
ADDRESS: 7300 W. Boston Street
CITY-ST-ZIP: Chandler, AZ 85226-3224

TITLE: D
NAME: Kathleen R. Wade
ADDRESS: 7300 W. Boston Street
CITY-ST-ZIP: Chandler, AZ 85226-3224

TITLE: D
NAME: Gary D. Edens
ADDRESS: 7300 W. Boston Street
CITY-ST-ZIP: Chandler, AZ 85226-3224

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P09529** (9)

1. Corporation Name
ADP CREDIT CORP.

Principal Place of Business
**ONE ADP BOULEVARD
ROSELAND NJ 07068-8728**

Mailing Address
**ONE ADP BOULEVARD
ROSELAND NJ 07068-8728**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		26. Mailing Address		3. Date Incorporated or Qualified 03/25/1986	3a. Date of Last Report 05/01/1994
21. State Apt # etc	22. City & State	27. MS 433	28. City & State	4. TEL Number 22-2497486	Applied For <input type="checkbox"/> Not Applicable
24. Zip	25. Locality	29. Zip	30. Locality	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Director Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				7. This corporation has liability for intangible tax under § 192(3)(2) Florida Statute <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
UNITED STATES CORPORATION COMPANY 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.09(1) and 607.1908, 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 this position under Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
12.1	P NAME: PIRRET, JOSEPH STREET ADDRESS: ONE ADP BOULEVARD CITY, STATE, ZIP: ROSELAND NJ 07068	13.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2	VSD NAME: BENSON, JAMES B STREET ADDRESS: ONE ADP BOULEVARD CITY, STATE, ZIP: ROSELAND NJ 07068	13.2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3	VTD NAME: ANDERSON, FRED D JR STREET ADDRESS: ONE ADP BOULEVARD CITY, STATE, ZIP: ROSELAND NJ 07068	13.3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4	VP NAME: HAVILAND, RICHARD J STREET ADDRESS: ONE ADP BLVD. CITY, STATE, ZIP: ROSELAND, NJ	13.4	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPD
12.5	AS NAME: SINGER, ROBERT J STREET ADDRESS: ONE ADP BLVD. CITY, STATE, ZIP: ROSELAND, NJ	13.5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6	A6 NAME: BENSON, JAMES B STREET ADDRESS: ONE ADP BLVD. CITY, STATE, ZIP: ROSELAND, NJ	13.6	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.09(1) and 607.1908, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct and that the corporation shall have this same report filed by its agents under penalty that a person who files for this corporation (the reviewer or trustee empowered) to examine this report as required by Chapter 607, Florida Statutes, and that the entries appear in Block 1, or Block 2, of the report are true and correct with an affidavit.

SIGNATURE: _____
SIGNATURE AND TITLE OF OFFICER OR DIRECTOR OR REGISTERING OFFICER OR DIRECTOR

4/21/95

201-994-5525
Tallahassee, Florida