

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:20

DOCUMENT # P10296 (2)

1. Corporation Name
ZIONS CREDIT CORPORATION

Principal Place of Business
**37 WEST 100TH SOUTH
P O BOX 26536
SALT LAKE CITY UT 84101
US**

Mailing Address
**PO BOX 3954
P O BOX 26536
SALT LAKE CITY UT 84110-3954
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/02/1986** 3a. Date of Last Report **01/25/1994**
4. FEI Number **87-0440077** 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 51-1091.04,
Florida Statutes Yes No

| | | | |
|--------------------------------|--------------------|---------------------|--------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | Date, Apt. #, etc. | 26 | Date, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Country |
| 24 | Country | 29 | Country |

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

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
05 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation hereby, the attorney for this 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, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the registered agent of the corporation

Signature of the registered agent of the corporation

DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | P |
| NAME | NICHOLS, MAX T. |
| STREET ADDRESS | 37 W 100TH S. |
| CITY, ST, ZIP | SALT LAKE CITY UT |
| TITLE | VS |
| NAME | WELDON, NORMAN |
| STREET ADDRESS | 37 W 100TH S. |
| CITY, ST, ZIP | SALT LAKE CITY UT |
| TITLE | TD |
| NAME | SIMMONS, HARRIS |
| STREET ADDRESS | 1 SOUTH MAIN |
| CITY, ST, ZIP | SALT LAKE CITY UT |
| TITLE | D |
| NAME | DENT, GERALD |
| STREET ADDRESS | 1 SOUTH MAIN |
| CITY, ST, ZIP | SALT LAKE CITY UT |
| TITLE | D |
| NAME | FRY, LEE |
| STREET ADDRESS | 1 SOUTH MAIN |
| CITY, ST, ZIP | SALT LAKE CITY UT |
| TITLE | D |
| NAME | SIMMONS, ROY |
| STREET ADDRESS | 1 SOUTH MAIN |
| CITY, ST, ZIP | SALT LAKE CITY UT |

13. AUTHORIZED AGENTS TO OBTAIN FEES AND OTHER DOCUMENTS

| | |
|---------|---|
| 11 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 19 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 20 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

16. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.01(7)(b), 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. I am an officer or director of the corporation or the registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet to this form.

SIGNATURE: *Norman Weldon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman Weldon 1/10/95 801-524-4791