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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	Mailing Address
37 WEST 100TH SOUTH P O BOX 26536 SALT LAKE CITY UT 84101 US	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 intangibles tax under Ch. 199.032, Florida Statutes: [ ] Yes [ ] No

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

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: FL 05 Zip Code

11. Pursuant to the provisions of Section 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (Signature of [or authorized officer or director of] registered agent, and title if applicable) (Printed name of Registered Agent, signature required when changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	NICHOLS, MAX T.	12 NAME	
STREET ADDRESS	37 W 100TH S.	13 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	14 CITY-ST-ZIP	
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	WELDON, NORMAN	22 NAME	
STREET ADDRESS	37 W 100TH S.	23 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	SIMMONS, HARRIS	32 NAME	
STREET ADDRESS	1 SOUTH MAIN	33 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DENT, GERALD	42 NAME	
STREET ADDRESS	1 SOUTH MAIN	43 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	FRY, LEE	52 NAME	
STREET ADDRESS	1 SOUTH MAIN	53 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SIMMONS, ROY	62 NAME	
STREET ADDRESS	1 SOUTH MAIN	63 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	64 CITY-ST-ZIP	

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)(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 on Block 12 or Block 13 above, or on any attachment with the above.

SIGNATURE: X Norman Weldon 1/10/95 801-524-4791
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0401217 FN