

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **06/02/1986** 3a. Date of Last Report: **01/18/1995**

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 s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

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 City: 84 Zip Code: **FL** 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, Sections 607.0505, Florida Statutes.

SIGNATURE: Signature of the Registered Agent or the Agent-in-Charge of the Registered Agent (Date) Signature of the Registered Agent (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P NICHOLS, MAX T.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	37 W 100TH S.	12. NAME	
STREET ADDRESS	SALT LAKE CITY UT	13. STREET ADDRESS	
CITY-STATE-ZIP	VS	14. CITY-STATE-ZIP	
TITLE	WELDON, NORMAN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	37 W 100TH S.	22. NAME	
STREET ADDRESS	SALT LAKE CITY UT	23. STREET ADDRESS	
CITY-STATE-ZIP	TD	24. CITY-STATE-ZIP	
TITLE	SIMMONS, HARRIS	3.11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 SOUTH MAIN	32. NAME	
STREET ADDRESS	SALT LAKE CITY UT	33. STREET ADDRESS	
CITY-STATE-ZIP	D	34. CITY-STATE-ZIP	
TITLE	DENT, GERALD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 SOUTH MAIN	42. NAME	
STREET ADDRESS	SALT LAKE CITY UT	43. STREET ADDRESS	
CITY-STATE-ZIP	D	44. CITY-STATE-ZIP	
TITLE	FRY, LEE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 SOUTH MAIN	52. NAME	
STREET ADDRESS	SALT LAKE CITY UT	53. STREET ADDRESS	
CITY-STATE-ZIP	D	54. CITY-STATE-ZIP	
TITLE	SIMMONS, ROY	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 SOUTH MAIN	62. NAME	
STREET ADDRESS	SALT LAKE CITY UT	63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-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)(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, receiver or trustee or 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.

SIGNATURE: *Norman Weldon* Norman Weldon, Vice President 1/17/96 801-524-4791

CR2E034 (12/95)