

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

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 Registered Agent)      \_\_\_\_\_ (Signature of Officer or Director)      \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICHOLS, MAX T.</b>	12. NAME	
STREET ADDRESS	<b>37 W 100TH S.</b>	13. STREET ADDRESS	
CITY-STATE-ZIP	<b>SALT LAKE CITY UT</b>	14. CITY-STATE-ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELDON, NORMAN</b>	22. NAME	
STREET ADDRESS	<b>37 W 100TH S.</b>	23. STREET ADDRESS	
CITY-STATE-ZIP	<b>SALT LAKE CITY UT</b>	24. CITY-STATE-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMMONS, HARRIS</b>	32. NAME	
STREET ADDRESS	<b>1 SOUTH MAIN</b>	33. STREET ADDRESS	
CITY-STATE-ZIP	<b>SALT LAKE CITY UT</b>	34. CITY-STATE-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DENT, GERALD</b>	42. NAME	
STREET ADDRESS	<b>1 SOUTH MAIN</b>	43. STREET ADDRESS	
CITY-STATE-ZIP	<b>SALT LAKE CITY UT</b>	44. CITY-STATE-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRY, LEE</b>	52. NAME	
STREET ADDRESS	<b>1 SOUTH MAIN</b>	53. STREET ADDRESS	
CITY-STATE-ZIP	<b>SALT LAKE CITY UT</b>	54. CITY-STATE-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMMONS, ROY</b>	62. NAME	
STREET ADDRESS	<b>1 SOUTH MAIN</b>	63. STREET ADDRESS	
CITY-STATE-ZIP	<b>SALT LAKE CITY UT</b>	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, Vice President 1/17/96 801-524-4791**

CR2E034 (12/95)