

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90054 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P10296

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 37 W. 100 S. Suite, Apt. #, etc. 22 City & State 23 SALT LAKE CITY, UT Zip Country 24 84101 25 SALT LAKE	2a. Mailing Address 26 P. O. BOX 3954 Suite, Apt. #, etc. 27 City & State 28 SALT LAKE CITY, UT Zip Country 29 84110-3954 30 SALT LAKE
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3. Date Incorporated or Qualified 06/02/1986	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 87-0440077	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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11. Pursuant to the provisions of Sections 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, MAX T.	1.2 NAME	
STREET ADDRESS	37 W 100TH S.	1.3 STREET ADDRESS	37 W. 100 S.
CITY-ST-ZIP	SALT LAKE CITY UT	1.4 CITY-ST-ZIP	SALT LAKE CITY, UT 84101
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELDON, NORMAN	2.2 NAME	
STREET ADDRESS	37 W 100TH S.	2.3 STREET ADDRESS	37 W. 100 S.
CITY-ST-ZIP	SALT LAKE CITY UT	2.4 CITY-ST-ZIP	SALT LAKE CITY, UT 84101
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, HARRIS	3.2 NAME	
STREET ADDRESS	1 SOUTH MAIN	3.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENT, GERALD	4.2 NAME	
STREET ADDRESS	1 SOUTH MAIN	4.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRY, LEE	5.2 NAME	
STREET ADDRESS	1 SOUTH MAIN	5.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, ROY	6.2 NAME	
STREET ADDRESS	1 SOUTH MAIN	6.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 in Block 12 or Block 13 if changed, or an Attachment with an address, with all other like empowered.

SIGNATURE:  **NORMAN WELDON, VP.** 1/8/99 (801) 524-4791
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)