

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

02-22-1999 90054 022 ***150.00

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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

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

24 84101

Country

25 SALT LAKE

2a. Mailing Address

26 P. O. BOX 3954

Suite, Apt. #, etc.

27

City & State

28 SALT LAKE CITY, UT

Zip

29 84110-3954

Country

30 SALT LAKE

3. Date Incorporated or Qualified

06/02/1986

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ 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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **NICHOLS, MAX T.**

STREET ADDRESS **37 W 100TH S.**

CITY-ST-ZIP **SALT LAKE CITY UT**

TITLE **VS** ☐ DELETE

NAME **WELDON, NORMAN**

STREET ADDRESS **37 W 100TH S.**

CITY-ST-ZIP **SALT LAKE CITY UT**

TITLE **TD** ☐ DELETE

NAME **SIMMONS, HARRIS**

STREET ADDRESS **1 SOUTH MAIN**

CITY-ST-ZIP **SALT LAKE CITY UT**

TITLE **D** ☐ DELETE

NAME **DENT, GERALD**

STREET ADDRESS **1 SOUTH MAIN**

CITY-ST-ZIP **SALT LAKE CITY UT**

TITLE **D** ☐ DELETE

NAME **FRY, LEE**

STREET ADDRESS **1 SOUTH MAIN**

CITY-ST-ZIP **SALT LAKE CITY UT**

TITLE **D** ☐ DELETE

NAME **SIMMONS, ROY**

STREET ADDRESS **1 SOUTH MAIN**

CITY-ST-ZIP **SALT LAKE CITY UT**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

37 W. 100 S.

1.4 CITY-ST-ZIP

SALT LAKE CITY, UT 84101

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

37 W. 100 S.

2.4 CITY-ST-ZIP

SALT LAKE CITY, UT 84101

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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 in Block 12 or Block 13 if changed, or in an Attachment with an address, with all other like empowered.

SIGNATURE:

NORMAN WELDON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN WELDON, VP.

1/8/99

Date

(801) 524-4791

Daytime Phone #

CR2E034 (11/98)