SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 28 AM 9:30

DOCUMENT # **P13634** **(1)**

1. Corporation Name
KEARNEY CREDIT INCORPORATED

Principal Place of Business	Mailing Address
16950 MASONIC BLVD. FRASER MI 48026	16950 MASONIC BLVD. FRASER MI 48026

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/17/1987**
3a. Date of Last Report: **02/09/1994**

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

4. FEI Number: **38-1919212** ☐ 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

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 _____ DATE
Signature, typed or printed name of Registered Agent and the date of signature (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KEARNEY, FRANK X.	12 NAME	
STREET ADDRESS	6234 CRESCENT WAY	13 STREET ADDRESS	See Attached.
CITY-ST-ZIP	TROY MI	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	KEARNEY, PATRICK W,	22 NAME	
STREET ADDRESS	3885 OLD CREEK	23 STREET ADDRESS	
CITY-ST-ZIP	TROY MI	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	KEARNEY, JAMES J.	32 NAME	
STREET ADDRESS	35036 HIDDEN COVE CT	33 STREET ADDRESS	
CITY-ST-ZIP	MT CLEMENS MI	34 CITY-ST-ZIP	
TITLE	STD	41 TITLE	☐ Change ☐ Addition
NAME	KEARNEY, PATRICIA A.	42 NAME	
STREET ADDRESS	6234 CRESCENT WAY	43 STREET ADDRESS	
CITY-ST-ZIP	TROY MI	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Patrick W. Kearney 6/19/95 (810) 294-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
President

0177002 FP

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SCHEDULE OF OFFICERS & DIRECTORS

Frank X. Kearney	6234 Crescent Way Troy, MI 48098	Chairman/Director
Patrick W. Kearney	3885 Old Creek Road Troy, MI 48084	President/Director Asst. Secretary
James J. Kearney	35036 Hidden Cove Court Mount Clemens, MI 48045	Vice-President/Director
Patricia A. Kearney	6234 Crescent Way Troy, MI 48098	Secretary/Treasury/Director
Timothy J. Kearney	52518 Kelly Drive Mt. Clemens, MI 48044	Director

The business address and telephone number for all of the above is:

16950 Masonic Boulevard, Fraser, Michigan 48026

(810) 294-5700 - Fax (810) 294-4404

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