

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



3. Date Incorporated or Qualified

03/17/1987

3a. Date of Last Report

06/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25 29 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

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 607.1508, 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 type: Corporate name or registered agent and date of application

(If the Registered Agent's signature is required when filing, include it here)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KEARNEY, FRANK X.
STREET ADDRESS 6234 CRESCENT WAY
CITY-ST-ZIP TROY MI

DELETE

11 TITLE CD ☒ Change ☐ Addition

TITLE VD
NAME KEARNEY, PATRICK W.
STREET ADDRESS 3885 OLD CREEK
CITY-ST-ZIP TROY MI

DELETE

21 TITLE PD ☒ Change ☐ Addition

TITLE VD
NAME KEARNEY, JAMES J.
STREET ADDRESS 35036 HIDDEN COVE CT
CITY-ST-ZIP MT CLEMENS MI

DELETE

22 TITLE ☐ Change ☐ Addition

TITLE STD
NAME KEARNEY, PATRICIA A.
STREET ADDRESS 6234 CRESCENT WAY
CITY-ST-ZIP TROY MI

DELETE

41 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

51 TITLE D ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

52 NAME KEARNEY, TIMOTHY J.
53 STREET ADDRESS 52518 KELLY DRIVE
54 CITY-ST-ZIP MT. CLEMENS, MI 48044

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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Frank X. Kearney, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/96 810-294-5700
DATE OF FILING

CR2E034 (3/96)