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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 48026-3910**

3. Date Incorporated or Qualified: **03/17/1987**
3a. Date of Last Report: **06/17/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
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 _____ (Signature, typed or printed name of officer, director or Current Registered Agent, if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KEARNEY, FRANK X.		1.2 NAME		
STREET ADDRESS	6234 CRESCENT WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	TROY MI		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	KEARNEY, PATRICK W,		2.2 NAME		
STREET ADDRESS	3885 OLD CREEK		2.3 STREET ADDRESS	54730 PIMENTA	
CITY-ST-ZIP	TROY MI		2.4 CITY-ST-ZIP	MACOMB MI 48042	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KEARNEY, JAMES J.		3.2 NAME		
STREET ADDRESS	35036 HIDDEN COVE CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	MT CLEMENS MI		3.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KEARNEY, PATRICIA A.		4.2 NAME		
STREET ADDRESS	6234 CRESCENT WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	TROY MI		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KEARNEY, TIMOTHY J		5.2 NAME		
STREET ADDRESS	52518 KELLY DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MT CL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 on an attachment with an address.

SIGNATURE: Patrick W Kearney, PRESIDENT 4/8/97 810-294-5700