FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 Jun 05 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # P27555 (2)1. Corporation Name Ameritech Credit Corporation Principal Place of Business Malling Address 2550 W Golf Rd 2550 W Golf Rd Rolling Meadows Rolling Meadows 3. Date incorporated or Qualified 3a. Date of Last Report Illinois 60008 Illinois 60008 01/03/1990 4/22/96 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 36-3284986 Not Applicable Suite, Apt. #, etc. Sulle, Apt. #, etc. B.75 Additional \$. Certificate of Status Desired 27 22 Fee Required City & State City & State \$5.00 May Be 8. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Zip 29 Fiorida Statutes Yes No 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd. 83 Plantation FL 33324 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 507.0505, Florida Statutes. SIGNATURE, Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 11TIDE Change Addition HORSLEY, R. S. 2550 W GOLF RD NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP ROLLING MEADOWS IL 60008 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition SPRACKER, MARILYN NAME 2.2 NAME STREET ADDRESS 30 S WACKER DRIVE 2.3 STREET ADDRESS CMY - ST - ZIP 2.4 CITY - ST - ZIP CHICAGO IL TITLE 3 1 TITLE DELETE Change Addition MASON, JEFFERY R 2550 W GOLF RD NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP ROLLING MEADOWS 60008 3.4 CITY - 8T - ZIP IL TITLE 4.1 TITLE DELETE Change Addition SILVERMAN, DANIEL NAME 42 NAME STREET ADDRESS 2550 W GOLF RD 4.3 STREET ADDRESS CITY - ST - ZIP ROLLING MEADOWS 60008 4.4 CITY - ST - ZIP TITLE 6.1 TM.E DELETE Change Addition HOWAT, BRUCE NAME 5.2 NAME STREET ADDRESS 30 S WACKER DRIVE 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP CHICAGO 60606 TITLE 6.1 TITLE 50000220**9@9**5 **Addition** DELETE NAME 8.2 NAME -06/11/97--01109--007 STREET ADDRESS 6.3 STREET ADDRESS ***165.00 CITY - ST - ZIP 6.4 CITY - ST - ZIP I do hereby certify that the information supplied with this filling 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 perofficer supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee approvered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 10 if chartied, or on an attachment with an indress.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

TF FL32381F.1