

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27555

1. Entity Name

AMERITECH CREDIT CORPORATION

Principal Place of Business

2550 W. GOLF ROAD
ROLLING MEADOWS, IL 60008

Mailing Address

2550 W. GOLF ROAD
ROLLING MEADOWS, IL 60008

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

36-32849860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	JEFFREY MASON	
STREET ADDRESS	2550 W. GOLF ROAD	
CITY-ST-ZIP	ROLLING MEADOWS, ILLINOIS 60008	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARILYN SPRACKER	
STREET ADDRESS	30 SOUTH WACKER DRIVE	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60606	
TITLE	AS	<input type="checkbox"/> Delete
NAME	VICKI L. PROT	
STREET ADDRESS	2550 W. GOLF ROAD	
CITY-ST-ZIP	ROLLING MEADOWS, ILLINOIS 60008	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROGER WOHLERT	
STREET ADDRESS	175 E. HOUSTON STREET	
CITY-ST-ZIP	SAN ANTONIO, TX 78205	
TITLE	Controller	<input type="checkbox"/> Delete
NAME	DIANE GLEASON	
STREET ADDRESS	2550 W. GOLF ROAD	
CITY-ST-ZIP	ROLLING MEADOWS, ILLINOIS 60008	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marilyn Spracker MARILYN SPRACKER 4/20/2000 312-658-2840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)