CORPORATION ANNUAL REPORT 1995

FLORIDA Department of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -1 PM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P30301 (6)

1. Corporation Name
BANC ONE ACCEPTANCE CORPORATION

Principal Place of Business	Mailing Address
100 EAST BROAD ST. COLUMBUS OH 43271-0252 US	150 CAMPUS VIEW BLVD. COLUMBUS OH 43235 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/26/1990
3a. Date of Last Report: 05/01/1994

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

2a. Mailing Address
26 100 East Broad Street
Suite, Apt. #, etc.
27
City & State
28 Columbus, OH 43271-0252
Zip 29 Country 30

4. FEI Number: 31-1093544 ☐ 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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCE	11 TITLE		☐ Change ☐ Addition
NAME	MCMENNAMIN, MICHAEL J.	12 NAME		
STREET ADDRESS	100 E. BROAD ST.	13 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	SBROCHI, PHILLIP J.	22 NAME		
STREET ADDRESS	769 BROOKSEDGE BLVD	23 STREET ADDRESS		
CITY-ST-ZIP	WESTERVILLE OH	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	VITALE, LOUIS B.	32 NAME		
STREET ADDRESS	769 BROOKSEDGE BLVD	33 STREET ADDRESS		
CITY-ST-ZIP	WESTERVILLE OH	34 CITY-ST-ZIP		
TITLE	V	41 TITLE	Vice Pres & Chief Financial Off.	☒ Change ☐ Addition
NAME	MARQUISS, GARRY W.	42 NAME	Jeffrey T. Benton	
STREET ADDRESS	769 BROOKSEDGE BLVD	43 STREET ADDRESS	100 East Broad Street	
CITY-ST-ZIP	WESTERVILLE OH	44 CITY-ST-ZIP	Columbus, OH 43271	
TITLE	DP	51 TITLE		☐ Change ☐ Addition
NAME	DAVIS, ROBERT G.	52 NAME		
STREET ADDRESS	150 E. CAMPUS VIEW BLVD.	53 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH	54 CITY-ST-ZIP		
TITLE	S	61 TITLE		☐ Change ☐ Addition
NAME	NEIDENTHAL, RANDALL C.	62 NAME		
STREET ADDRESS	100 EAST BROAD ST	63 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH	64 CITY-ST-ZIP		

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: /s/ William N. Eckert VP 4/24/95 614-248-1149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0479477 FP