

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P31725 (5)
1. Corporation Name
CREDIT ACCEPTANCE CORPORATION



Principal Place of Business
25906 WEST TWELVE MILE RD.
SUITE 3000
SOUTHFIELD MI 48034-6339

Mailing Address
PO BOX 5142
SOUTHFIELD MI 48066
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/08/1990	
21	Suite, Apt. #, etc.	25	Suite, Apt. #, etc.	4. FEI Number 38-1999511	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKMAN, RICHARD E	1.2 NAME	
STREET ADDRESS	950 WADDINGTON	1.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPLE, ALLAN V.	2.2 NAME	
STREET ADDRESS	6724 OYSTER COVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. BLOOMFIELD MI	2.4 CITY-ST-ZIP	
TITLE	C D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOSS, DONALD A.	3.2 NAME	
STREET ADDRESS	26820 DRAKE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON HILLS MI	3.4 CITY-ST-ZIP	
TITLE	CFO	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, BRETT A	4.2 NAME	
STREET ADDRESS	1015 LAKE PARK	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM MI	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSK, DOUGLAS W	5.2 NAME	
STREET ADDRESS	6552 CANMOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG, HARRY E	6.2 NAME	
STREET ADDRESS	19680 CHESTERFIELD ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	6.4 CITY-ST-ZIP	

14. 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 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.

CR2E034 (10/97)