

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P36750 (8)

1. Corporation Name
FIRST MERCHANTS ACCEPTANCE CORPORATION



Principal Place of Business
**570 LAKE COOK ROAD
SUITE 126
DEERFIELD IL 60015**

Mailing Address
**570 LAKE COOK ROAD
SUITE 126
DEERFIELD IL 60015**

3. Date Incorporated or Qualified
12/19/1991

3a. Date of Last Report
04/18/1995

2. Principal Place of Business
21. Suite, Apt. #, etc.

2a. Mailing Address
26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

4. FEI Number
36-3759045

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KAHN, MITCHELL C.	
STREET ADDRESS	570 LAKE COOK RD. STE 126	
CITY-STATE-ZIP	DEERFIELD IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HAUSMANN, BRIAN	
STREET ADDRESS	570 LAKE COOK ROAD	
CITY-STATE-ZIP	DEERFIELD IL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	THOMAS EHMANN	
STREET ADDRESS	570 LAKE COOK RD.	
CITY-STATE-ZIP	DEERFIELD IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHOCKEY, MARCY H.	
STREET ADDRESS	333 WEST WACKER DRIVE	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEISGAL, SOLOMON A.	
STREET ADDRESS	120 SOUTH RIVERSIDE PLAZA	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	UHL, RICHARD J.	
STREET ADDRESS	FINANCE ACQUISITION GROUP 715 KING STREET	
CITY-STATE-ZIP	WILMINGTON DE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P THOMAS A. HIATT	
1.3 STREET ADDRESS	201 N. ILLINOIS ST	
1.4 CITY-STATE-ZIP	INDIANAPOLIS IN 46204	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D STOWE W. WYANT	
2.3 STREET ADDRESS	3935 BRINTON PL	
2.4 CITY-STATE-ZIP	CHARLOTTE NC 28226	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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)(k), 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: *Charles Lanzath* CHARLES LANZATH 6/19/96 (708) 948-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)