

**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

*pg 1 of 2*

**DOCUMENT # P37322 (5)**  
1. Corporation Name  
**DEALERS CREDIT, INCORPORATED**



Principal Place of Business: **N 83 W 13220 LEON RD  
MENOMENEE FALLS WI 53051  
US**  
Mailing Address: **N 83 W 13220 LEON RD  
MENOMENEE FALLS WI 53051  
US**

3. Date Incorporated or Qualified: **01/31/1992**  
3a. Date of Last Report: **03/28/1995**  
4. FEI Number: **39-1715870**  
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

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24 Country: 25  
City & State: 27  
Zip: 29 Country: 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MUEHLHAUSEN, RONALD	
STREET ADDRESS	N 83 W 13220 LEON RD	
CITY-ST-ZIP	MENOMONEE FALLS WI	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NICKLAUS, GREG	
STREET ADDRESS	N 83 W 13220 LEON RD	
CITY-ST-ZIP	MENOMONEE FALLS WI	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	FAUSCH, HARLAN	
STREET ADDRESS	3210 E MAIN ST	
CITY-ST-ZIP	MERRILL WI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUSHMAN, JEROME	
STREET ADDRESS	621 E GRAND AVE	
CITY-ST-ZIP	ROSHOLT WI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUSHMAN, DERRICK	
STREET ADDRESS	621 E GRAND AVE	
CITY-ST-ZIP	ROSHOLT WI	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHADWELL, ROBERT	
STREET ADDRESS	1503 FULTON STREET	
CITY-ST-ZIP	WAUSAU WI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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: \_\_\_\_\_ DATE: **4-22-96** TELEPHONE: **414-253-9990**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Ronald Muehlhausen, Broad...**

CR2E034 (12/95)

P37322

P92072

**Directors**

**Name and D/O/B**

**Business Address**

Jerome John Bushman  
06/28/42  
SS# 396-40-9816

Bushman's Inc.  
P.O. Box 8  
Rosholt, WI 54473  
(715) 677-4533  
Produce Broker

Derrick Jay Bushman  
09/02/65  
SS# 387-80-5714

Dealers Credit Incorporated  
P.O. Box 67  
Rosholt, WI 54473  
(715) 677-4533  
Treasurer

Harlan Harold Fausch  
01/10/40  
SS# 398-36-8541

River Valley Bancorporation, Inc.  
3210 East Main Street  
Merrill, WI 54452  
(715) 536-3211  
Senior Vice President

Greg Paul Nicklaus  
01/10/67  
SS# 396-64-3277

Dealers Credit Incorporated  
N83 W13220 Leon Road  
Menomonee Falls, WI 53051  
(414) 253-9990  
Executive Vice President

Ronald Harold Nicklaus  
02/09/37  
SS# 447-36-7885

River Valley Bancorporation, Inc.  
3210 East Main Street  
Merrill, WI 54452  
(715) 536-3211

Ronald Wesley Muehlhausen  
07/12/41  
SS# 468-46-6128

Dealers Credit Incorporated  
N83 W13220 Leon Road  
Menomonee Falls, WI 53051  
(414) 253-9990  
President

Todd Ronald Nicklaus  
12/13/63  
SS# 392-52-5368

River Valley State Bank  
1130 E. Grand Avenue  
Rothschild, WI 54474  
(715) 359-6194  
President

Mitchell Gerard Bushman  
10/21/67  
SS# 387-80-4940

Bushman's Inc.  
P.O. Box 8  
Rosholt, WI 54473  
(715) 677-4533

**Officers**

Ronald Muehlhausen  
Greg Nicklaus  
Harlan Fausch  
Derrick Bushman

President  
Executive Vice President  
Secretary  
Treasurer