

08-97 Bldg 31 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P37322 (5)
 1. Corporation Name
DEALERS CREDIT, INCORPORATED



Principal Place of Business N 83 W 13220 LEON RD MENOMONEE FALLS WI 53051 US	Mailing Address N 83 W 13220 LEON RD MENOMONEE FALLS WI 53051-3304 US
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2. Principal Place of Business	2a. Mailing Address
21 N83 W13280 Leon Road	26 N83 W13280 Leon Road
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country Waukesha	30 Country Waukesha

3. Date Incorporated or Qualified 01/31/1992	3a. Date of Last Report 04/29/1996
4. FEI Number 39-1715870	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUEHLHAUSEN, RONALD	1.2 NAME	
STREET ADDRESS	N 83 W 13220 LEON RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	MENOMONEE FALLS WI	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKLAUS, GREG	2.2 NAME	
STREET ADDRESS	N 83 W 13220 LEON RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MENOMONEE FALLS WI	2.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAUSCH, HARLAN	3.2 NAME	
STREET ADDRESS	3210 E MAIN ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	MERRILL WI	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSHMAN, JEROME	4.2 NAME	
STREET ADDRESS	621 E GRAND AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ROSHOLT WI	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSHMAN, DERRICK	5.2 NAME	
STREET ADDRESS	621 E GRAND AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	ROSHOLT WI	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: _____ **4-28-97** **414-253-9990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Ronald Muehlhausen - President

CR2E034 (9/96)