

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

FILED
Jan 31 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 # F93000001574 (3)
 1. Corporation Name
SAFECO CREDIT COMPANY, INC.



Principal Place of Business SAFECO PLAZA SEATTLE WA 98185	Mailing Address SAFECO PLAZA SEATTLE WA 98185
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/22/1993	3a. Date of Last Report 03/05/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 91-0840847	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. 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: _____ (NOTE: Registered Agent signature required when reinstalling) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EIGSTI, ROGER H		1.2 NAME	
STREET ADDRESS SAFECO PLAZA		1.3 STREET ADDRESS	
CITY-ST-ZIP SEATTLE WA 98185		1.4 CITY-ST-ZIP	
TITLE DP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEANY, WILLIAM F		2.2 NAME	
STREET ADDRESS SAFECO PLAZA		2.3 STREET ADDRESS	
CITY-ST-ZIP SEATTLE WA 98185		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUDDY, JAMES W		3.2 NAME	
STREET ADDRESS SAFECO PLAZA		3.3 STREET ADDRESS	
CITY-ST-ZIP SEATTLE WA 98185		3.4 CITY-ST-ZIP	
TITLE DVP	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DICKEY, BOH		4.2 NAME	
STREET ADDRESS SAFECO PLAZA		4.3 STREET ADDRESS	
CITY-ST-ZIP SEATTLE WA 98185		4.4 CITY-ST-ZIP	
TITLE VST	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PIERSON, RODNEY A		5.2 NAME	
STREET ADDRESS SAFECO PLAZA		5.3 STREET ADDRESS	
CITY-ST-ZIP SEATTLE WA		5.4 CITY-ST-ZIP	
TITLE CVAS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOODS, DAVE A.		6.2 NAME	
STREET ADDRESS SAFECO PLAZA		6.3 STREET ADDRESS	
CITY-ST-ZIP SEATTLE WA		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: William F. Meany (206)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR William F. Meany 1/17/97 545-5522
 Date Daytime Phone #
 0628318

CR2E034 (9/96)