

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

**FILED**

**Apr 16 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P13634 (1)**  
1. Corporation Name  
**KEARNEY CREDIT INCORPORATED**



Principal Place of Business: 16950 MASONIC BLVD. FRASER MI 48026  
Mailing Address: 16950 MASONIC BLVD. FRASER MI 48026-3910

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: 03/17/1987  
3a. Date of Last Report: 06/17/1996  
4. FEI Number: 38-1919212  
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  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0502 and 607.1403, 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 the individual agent is applicable. (897) Is ordered Agent's signature required when filing?

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY, FRANK X.	1.2 NAME	
STREET ADDRESS	6234 CRESCENT WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY, PATRICK W.	2.2 NAME	
STREET ADDRESS	3885 OLD CREEK	2.3 STREET ADDRESS	54730 PIMENTA
CITY-ST-ZIP	TROY MI	2.4 CITY-ST-ZIP	MASOMB MI 48042
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY, JAMES J.	3.2 NAME	
STREET ADDRESS	35036 HIDDEN COVE CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MT CLEMENS MI	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY, PATRICIA A.	4.2 NAME	
STREET ADDRESS	6234 CRESCENT WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY, TIMOTHY J	5.2 NAME	
STREET ADDRESS	52518 KELLY DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MT CL	5.4 CITY-ST-ZIP	
TITLE		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, changed, or on an attachment with an address.

SIGNATURE: *Patrick W. Kearney*, PRESIDENT 4/8/97 810-294-5700

CR2E034 (9/96)