

BOB BABBAGE

SECRETARY OF STATE

APPLICATION FOR CERTIFICATE OF WITHDRAWAL

NOVUS Credit Services Inc.

(Exact Corporate Name)

Pursuant to the provisions of Chapters 2712 or 273, the undersigned hereby applies on behalf of said corporation for a Certificate of Withdrawal from the State of Kentucky and for that purpose submits the following statements:

The name of the corporati	onis NOVUS Credit Services Inc.			
The name of the corporation as used in Kentucky (if "real name" was unavailable for use). N/A				
The state or country of inc	erporation isDelaware			
The corporation	is not transacting business in Kentucky.			
Said corporation	hereby surrenders its authority to transact business in Kentucky.			

Said corporation hereby revokes the authority of its registered agent in Kentucky to accept service of process and consents that service of process in any action, suit or proceeding based upon any cause of action arising in Kentucky during the time the corporation was authorized to transact business in Kentucky may thereafter be made on the corporation by service thereof on the Secretary of State in Kentucky.

The mailing address to which the Secretary of State may mail a copy of any process against the corporation that may be served is: 2500 Lake Cook Road, Law Dept., Riverwoods, IL 60015

The corporation hereby undertakes to notify the Secretary of State in the future of any change in its mailing address.

Dated November 16 . 19 94

Signature & Title

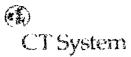
Thomas F. White

Vice President, Asst. Gen. Counsel, Asst. Secretary

Type or Print Name & Title

(See Reverse Side for Instructions)

SSC-104 (8/92)



November 21, 1994

RE:

NOVUS Credit Services inc.

CT Corporation System 208 S. LaSaille Street Chango, IL 56864 317 262 1419 Fax 317 263 3928

ORDER#: 205352

Secretary of State Corporation Division State Capitol Building, Rm. 154 Frankfort, Kentucky 40601 JUUSIN

Dear	Sir/	Ma	dane:
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As instructed by counsel, we enclose for filing the documents listed below:

Incorporation	Merger		
with the second	A. Domestic		
Qualification	A. Domestic B. Foreign		
Change of Agent/Office	Dissolution		
A. Domestic	A. Statement of Intent		
Change of Agent/Office A. Domestic B. Foreign	A. Statement of Intent B. Certificate of Dissolution		
Amendment A. Domestic B. Foreign	_X_ Withdrawal		
A. Domestic			
B. Foreign	Other		

Please return evidence to the undersigned via regular mail. If there are any problems, please call this toll-free number: 1-800-475-1212.

Very truly yours,

Torry Ferrentino
Customer Specialist

Special Instructions:

THIS FILING MUST BE COMPLETED ON AN EXPEDITED BASIS. IF THERE ARE ANY PROBLEMS PLEASE NOTIFY ME IMMEDIATELY.