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FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000260 (1)

1. Corporation Name

NATIONSCREDIT FINANCIAL SERVICES CORPORATION OF AMERICA

Principal Place of Business

225 E JOHN CARPENTER FREEWAY
SUITE 1000
IRVING TX 75062
US

Mailing Address

225 E JOHN CARPENTER FREEWAY
SUITE 1000
IRVING TX 75062
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1992

4. FEI Number

56-1796720

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 ONE CANTERBURY GREEN

Suite, Apt. #, etc.

27 P.O. Box 120013

28 City & State

STANFORD, CT.

29 Zip

06912

30 Country

USA

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
NAME CRAFT, DENNIS L.
STREET ADDRESS 4520 ALEXANDRA DR
CITY-ST-ZIP COLLEGEVILLE TX 78034

TITLE ☐ DELETE

SVTD
NAME ANGELILLI, LAWRENCE
STREET ADDRESS 4504 STANHOPE AVENUE
CITY-ST-ZIP DALLAS TX 75205

TITLE ☐ DELETE

VS
NAME HOLZ, RICHARD J
STREET ADDRESS 4901 GREEN OAKS
CITY-ST-ZIP COLLEGEVILLE TX 78034

TITLE ☐ DELETE

V
NAME HOFF, ALAN M
STREET ADDRESS 20 SPLITLEVEL ROAD
CITY-ST-ZIP RIDGEFIELD CT 06877

TITLE ☐ DELETE

CFO
NAME CUTRONA, JOSEPH
STREET ADDRESS 2612 SHADOWRIDGE DRIVE
CITY-ST-ZIP ARLINGTON TX 78008

TITLE ☒ DELETE

V
NAME LA MARCA, CHARLES
STREET ADDRESS 40 FORESTDALE AVENUE
CITY-ST-ZIP MONROE NY 10950

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☒ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

VAS
NAME FAGIN, SARAH L.
STREET ADDRESS 7626 LAKECREST CIRCLE
CITY-ST-ZIP IRVING, TX 75063

14. I 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

PD CRAFT, DENNIS L.

1/22/98 (m) 250 4482

CR2E034 (10/97)