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FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90193 002 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000260

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  
ONE CANTERBURY GREEN  
P.O. BOX 120013  
STANFORD CT 06912  
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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 10301 Deerwood Park Blvd.

Suite, Apt. #, etc.

27 FL9-016-02-15

City & State

28 Jacksonville, FL

Zip Country

29 32256

30 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	PD	<input type="checkbox"/> DELETE
NAME	CRAFT, DENNIS L.	
STREET ADDRESS	4520 ALEXANDRA DR	
CITY-ST-ZIP	COLLEGEVILLE TX 76034	
TITLE	SVTD	<input type="checkbox"/> DELETE
NAME	ANGELILLI, LAWRENCE	
STREET ADDRESS	4504 STANHOPE AVENUE	
CITY-ST-ZIP	DALLAS TX 75205	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HOLZ, RICHARD J	
STREET ADDRESS	4901 GREEN OAKS	
CITY-ST-ZIP	COLLEYVILLE TX 76034	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOFF, ALAN M	
STREET ADDRESS	20 SPLITLEVEL ROAD	
CITY-ST-ZIP	RIDGEFIELD CT 06877	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	CUTRONA, JOSEPH	
STREET ADDRESS	2612 SHADOWRIDGE DRIVE	
CITY-ST-ZIP	ARLINGTON TX 76006	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	FAGIN, SARAH L	
STREET ADDRESS	7626 LAKECREST CIR	
CITY-ST-ZIP	IRVING TX 75063	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

See Attached  
Schedule

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Daytime Phone #

CR2E034 (11/98)

0002007

535434-90193-2

F92000000260

NationsCredit Financial Services Corporation  
(North Carolina)

PRINCIPAL OFFICERS AND DIRECTORS

DIRECTORS

Business Address

William M. Ross Director	10401 Deerwood Park Boulevard Jacksonville, FL 32256
Robert J. Holz Director	225 E. John Carpenter Freeway Irving, TX 75062

OFFICERS

Business Address

William M. Ross President	10401 Deerwood Park Boulevard Jacksonville, FL 32256
Robert J. Holz Vice President and Secretary	225 E. John Carpenter Freeway Irving, TX 75062
Jesse K. Bray Senior Vice President and Treasurer	225 E. John Carpenter Freeway Irving, TX 75062
James B. Dodd Vice President	10401 Deerwood Park Boulevard Jacksonville, FL 32256
Monica E. Windham Vice President	10301 Deerwood Park Boulevard Jacksonville, FL 32256
Charlene A. Tolar Assistant Secretary	225 E. John Carpenter Freeway Irving, TX 75062
Valerie L. Alexander Assistant Secretary	10401 Deerwood Park Boulevard Jacksonville, FL 32256