

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F92000000271 (8)**
1. Corporation Name
NATIONSCREDIT COMMERCIAL CORPORATION OF AMERICA



Principal Place of Business: **1105 HAMILTON STREET ALLENTOWN PA 18101 US**
Mailing Address: **%TAX DEPT 1105 HAMILTON STREET ALLENTOWN PA 18101 US**

3. Date Incorporated or Qualified: **11/17/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **56-1796724**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country

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 (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DEV CHASTEEN, FREDERICK J	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	1714 LOTUS DR		1.2 NAME
STREET ADDRESS	OREFIELD PA		1.3 STREET ADDRESS
CITY-ST-ZIP			1.4 CITY-ST-ZIP
TITLE	V BODNAR, STEPHEN A	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	930 N MUHLENBERG STREET		2.2 NAME
STREET ADDRESS	ALLENTOWN PA		2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE	DEV PETERS, RICHARD C JR.	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME	886 DORSET ROAD		3.2 NAME
STREET ADDRESS	ALLENTOWN PA		3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE	DP MAJOR, ROBERT A	<input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME	R.R. 9, MERRYWEATHER DRIVE		4.2 NAME
STREET ADDRESS	BETHLEHEM PA		4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE	V BALASCKI, PAUL D	<input type="checkbox"/> DELETE	5.1 TITLE
NAME	4410 SPRUCE STREET		5.2 NAME
STREET ADDRESS	WHITEHALL PA		5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE	V DUBBS, BRADLEY A	<input type="checkbox"/> DELETE	6.1 TITLE
NAME	5308 HOFFMAN DR S		6.2 NAME
STREET ADDRESS	SCHNECKSVILLE PA		6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

PD
Change Add
VPT D
ANGELILLI, LAWRENCE
2078 DENNIS LANE
BETHLEHEM, PA
VP D
FISHMAN, NEAL W.
62 SHAG BARK LANE
FAIRFIELD, CT
400001847834
-06/03/96--01035--037
***200.00
Change Add
S-1-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **S.A. BODNAR** *S.A. Bodnar* VICE PRESIDENT 04/25/96 (610)437-8079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR

CR2E034 (12/95)