

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

FILED  
Jun 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F 92 000 000 271 (8)**  
 1. Corporation Name  
**NATIONSCREDIT COMMERCIAL CORPORATION OF AMERICA**

Principal Place of Business <b>1105 HAMILTON STREET ALLENTOWN, PA 18101 U.S.</b>	Mailing Address <b>1105 HAMILTON STREET ALLENTOWN, PA. 18101 U.S.</b>
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2. Principal Place of Business 21 <b>RIVERWOOD 100 BLDG SUITE 1000 3350 CUMBERLAND CIRCLE ATLANTA, GA 30339 U.S.</b>	2a. Mailing Address 26 <b>CANTERBURY GREEN 201 BROAD STREET STAMFORD, CT 06901 U.S.</b>
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3. Date Incorporated or Qualified <b>11/17/1992</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>56-1796724</b>	Approved For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CT 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	<b>10000222201</b>
84 City	<b>06/25/97 01005-0005 FL ZIP Code ***550.00</b>

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when filing statement)

12. OFFICERS AND DIRECTORS

1. NAME <b>CHASTEEN, FREDERICK J</b>	2. STREET ADDRESS <b>1714 LOTUS DR OREFIELD PA</b>	<input type="checkbox"/> DELETE
3. NAME <b>BODNAR, STEPHEN A</b>	4. STREET ADDRESS <b>930 N MUHLENBERG STREET ALLENTOWN, PA</b>	<input checked="" type="checkbox"/> DELETE
5. NAME <b>ANGELILLI, LAWRENCE</b>	6. STREET ADDRESS <b>2078 DENNIS LANE BETHLEHEM, PA</b>	<input type="checkbox"/> DELETE
7. NAME <b>FISHMAN, NEAL W</b>	8. STREET ADDRESS <b>62 SHAG BARK LANE FAIRFIELD CT</b>	<input checked="" type="checkbox"/> DELETE
9. NAME <b>BALASCKI, PAUL D</b>	10. STREET ADDRESS <b>4410 SPRUCE STREET WHITEHALL, PA</b>	<input checked="" type="checkbox"/> DELETE
11. NAME <b>DUBBS, BRADLEY A</b>	12. STREET ADDRESS <b>5306 HOFFMAN DR S SONNECKSVILLE, PA</b>	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME <b>CHASTEEN, JOEL F</b>	13.2 STREET ADDRESS <b>690 FAIR OAKS MANOR ATLANTA, GA 30327</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.3 NAME <b>HOFF, ALAN M</b>	13.4 STREET ADDRESS <b>20 SPLIT LEVEL ROAD RIDGEFIELD, CT 06877</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.5 NAME <b>ANGELILLI, LAWRENCE</b>	13.6 STREET ADDRESS <b>4504 STANHOPE AVE DALLAS, TX 75205</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.7 NAME <b>NAGHSHINEH, PATRICIA</b>	13.8 STREET ADDRESS <b>2976 NESTLE CREEK DRIVE MARIETTA, GA 30062</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.9 NAME <b>ANDERSON, THOMAS C</b>	13.10 STREET ADDRESS <b>7430 NORTH HAMPTON COURT CUMMING, GA 30130</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.11 NAME <b>BROWN LARRY B</b>	13.12 STREET ADDRESS <b>222 W. LAS COLINAS BOULEVARD IRVING, TX 75039</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.02(3)(a) Florida Statutes, and hereby making the filing of this statement and all information supplemental and a report, return and accurate and that my signature shall have the same effect as if you were carrying out your duties as the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607 Florida Statutes, and my name appears in Block 12 or Block 13. (changed from an attachment with an address)

SIGNATURE: **Alan Hoff** **ALAN M HOFF 6/16/97 (203) 352-4083**

CLX#034 (3/96)