

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

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 # F92000000271 (8)
 1. Corporation Name
NATIONSCREDIT DISTRIBUTION FINANCE, INC.



Principal Place of Business RIVERWOOD 100 BLDG SUITE 1000 3350 CUMERLAND CIRCLE ATLANTA GA 30339 US	Mailing Address CANTERBURY GREEN 201 BROAD STREET STANFORD CT 06801 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date incorporated or Qualified 11/17/1992
4. FEI Number 56-1796724
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASTEEN, JOEL F	1.2 NAME	
STREET ADDRESS	690 FAIR OAKS MANOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30327	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFF, ALAN M	2.2 NAME	
STREET ADDRESS	20 SPLIT LEVEL ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGEFIELD CT 06877	2.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAGHSHINEH, PATRICIA	3.2 NAME	
STREET ADDRESS	2976 NESTLE CREEK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA 30062	3.4 CITY-ST-ZIP	
TITLE	DSV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, THOMAS C	4.2 NAME	
STREET ADDRESS	7430 NORTH HAMPTON COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	CUMMING GA 30130	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, LARRY B	5.2 NAME	C, THOMAS ANDERSON
STREET ADDRESS	7430 NORTH HAMPTON COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	CUMMING GA 30130	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, LARRY B	6.2 NAME	
STREET ADDRESS	222 W. LAS COLINAS BOULEVARD	6.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75039	6.4 CITY-ST-ZIP	

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.

CR2E034 (10/97)