

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

APPROVED
AND
FILED

1999 JUL 19 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000191

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000271

1. Corporation Name
NATIONSCREDIT DISTRIBUTION FINANCE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
RIVERWOOD 100 BLDG SUITE 1000
3050 CUMERLAND CIRCLE
ATLANTA GA 30339
US

Mailing Address
CANTERBURY GREEN
201 BROAD STREET
STANFORD CT 06301
US

3. Date Incorporated or Qualified
11/17/1992

4. FEI Number
56-1796724

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

2a. Mailing Address

21 22 23 24 25 26 27 28 29 30

401 N TRYON ST
CHARLOTTE NC 28256

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRES
NAME	CHASTEEN, JOEL F	1.2 NAME	Floyd S. Robinson
STREET ADDRESS	890 FAIR OAKS MANOR	1.3 STREET ADDRESS	401 N TRYON ST
CITY-ST-ZIP	ATLANTA GA 30327	1.4 CITY-ST-ZIP	CHARLOTTE NC 28256
TITLE	V	2.1 TITLE	VP
NAME	HOFF, ALAN M	2.2 NAME	Duane L. Smith
STREET ADDRESS	20 SPLIT LEVEL ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGEFIELD CT 06877	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	SEC
NAME	NAGHSHINEH, PATRICIA	3.2 NAME	John D. Evans, Jr.
STREET ADDRESS	2978 NESTLE CREEK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA 30062	3.4 CITY-ST-ZIP	
TITLE	DSV	4.1 TITLE	Dir
NAME	ANDERSON, THOMAS C	4.2 NAME	Michael N Paets
STREET ADDRESS	7430 NORTH HAMPTON COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	CUMMING GA 30130	4.4 CITY-ST-ZIP	
TITLE	DSV	5.1 TITLE	Dir
NAME	ANDERSON, C T	5.2 NAME	Eric Telljohann
STREET ADDRESS	7430 NORTH HAMPTON COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	CUMMING GA 30130	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
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 118.07(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: _____ DATE: 4-23-99
Signature and typed or printed name of signing officer or director: Duane L. Smith

CR2E034 (11/98)

AD