

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90123 043 ***150.00

DOCUMENT # P13939

1. Entity Name

FLEETWOOD CREDIT CORP.

Principal Place of Business

Mailing Address

22840 SAVI RANCH PARKWAY
 P.O. BOX 87024
 YORBA LINDA CA 92686-7024

250 CARPENTER FREEWAY
 IRVIN TX 75062-2710

2. Principal Place of Business

NC1-021-03-09
401 N TRYON ST
CHARLOTTE NC 28255

3. Mailing Address

NC1-021-03-09
401 N TRYON ST
CHARLOTTE NC 28255

City & State

City & State

4. FEI Number

33-0145314

Applied For

Not Applicable

Zip

Country *US*

Zip

Country *US*

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP MACRI, ROCCO A 250 CARPENTER FREEWAY IRVING TX	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANDICK, DENNIS J 250 CARPENTER FREEWAY IRVING TX	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPS GREENE, PATRICK J 250 CARPENTER FREEWAY IRVING TX	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTAS, STEPHEN J 250 CARPENTER FREEWAY IRVING TX	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LISKOW, FREDERIC C 250 CARPENTER FREEWAY IRVING TX	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT HUGHES, JOHN F 250 CARPENTER FREEWAY IRVING TX	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <i>Robinson, Floyd S</i> NC1-021-03-09 401 N TRYON ST CHARLOTTE NC 28255	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <i>Holz, Robert J.</i> NC1-021-03-09 401 N TRYON ST CHARLOTTE NC 28255	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <i>Smith, Duane L.</i> NC1-021-03-09 401 N TRYON ST CHARLOTTE NC 28255	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 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

Duane L. Smith Duane L. Smith

3-22-00

Date

704-388-2460

Daytime Phone #