

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # P36983

1. Entity Name
EQUICREDIT CORPORATION OF AMERICA

Principal Place of Business 10401 DEERWOOD PARK BLVD LEGAL DEPARTMENT JACKSONVILLE 32256 US	FL	Mailing Address 10401 DEERWOOD PARK BLVD LEGAL DEPARTMENT JACKSONVILLE 32256 US	FL
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2. Principal Place of Business 401 N TRYON ST	3. Mailing Address 401 N TRYON ST
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Suite, Apt. #, etc. NC1-021-02-20	Suite, Apt. #, etc. NC1-021-02-20
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City & State CHARLOTTE NC	City & State CHARLOTTE NC
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Zip 28255	Country US	Zip 28255	Country US
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4. FEI Number
59-3080938

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JAMES B. DODD
9000 SOUTHSIDE BOULEVARD
LEGAL DEPT.
JACKSONVILLE
32256
 US

7. Name and Address of New Registered Agent

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 _____ **05/01/2001**
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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD HOLZ BOB 10401 DEERWOOD PARK BLVD JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVTC WEIMER LESLIE 10401 DEERWOOD PARK BLVD JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAMES B. DODD 14282 CRYSTAL COVE DR. S. JACKSONVILLE FL 32224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD LEWIS HAROLD 10401 DEERWOOD PARK BLVD JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSS WILLIAM M 1021 SORRENTO RD JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLZ ROBERT J 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA BRAY JESSE K 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DODD JAMES B 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MROZ GREG S 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P EGGERS HELEN B 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255	<input checked="" 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: GREG S MROZ SVP **05/01/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)