

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90073 044 ***150.00

DOCUMENT # P36983

1. Entity Name
EQUICREDIT CORPORATION OF AMERICA ✓

Principal Place of Business Mailing Address

**401 N TRYON ST
 NC1-021-02-20
 CHARLOTTE NC 28255
 US**

**401 N TRYON ST
 NC1-021-02-20
 CHARLOTTE NC 28255
 US**



2. Principal Place of Business
10401 Deerwood Park Blvd

3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville FL

City & State

Zip Country Zip Country
32256-0505 Mecklenburg

4. FEI Number
59-3080938

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JAMES B. DODD
 9000 SOUTHSIDE BOULEVARD
 LEGAL DEPT.
 JACKSONVILLE FL 32256**

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 _____ (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, 2002 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	D/P	<input type="checkbox"/> Delete
NAME	EGGERS, HELEN B	
STREET ADDRESS	401 N TRYON ST NC1-021-02-20	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	MROZ, GREG S	
STREET ADDRESS	401 N TRYON ST NC1-021-02-20	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	DODD, JAMES B	
STREET ADDRESS	401 N TRYON ST NC1-021-02-20	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	TREA	<input checked="" type="checkbox"/> Delete
NAME	BRAY, JESSE K	
STREET ADDRESS	401 N TRYON ST NC1-021-02-20	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLZ, ROBERT J	
STREET ADDRESS	401 N TRYON ST NC1-021-02-20	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trea	
STREET ADDRESS	Patrick J. McCallister	
CITY-ST-ZIP	NC1-021-02-20	
	401 N TRYON ST	
	CHARLOTTE NC 28255	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ DATE: **4-30-02** DAYTIME PHONE #: **704-386-5591**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **GREG S. MROZ, SVP**

CR2E034 (9/01)