

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36983

FILED  
May 02, 2007  
Secretary of State

Entity Name: EQUICREDIT CORPORATION OF AMERICA

**Current Principal Place of Business:**

9000 SOUTHSIDE BLVD  
BLDG 400  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

401 N TRYON ST  
NC1-021-02-20  
CHARLOTTE, FL 32256

**New Mailing Address:**

FEI Number: 59-3080938      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D/P ( ) Delete  
Name: WELSH, SUSAN E  
Address: 401 N TRYON ST; NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255 US

Title: SVP ( ) Delete  
Name: MAYS, SUSAN D  
Address: 401 N TRYON ST; NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: SEC ( ) Delete  
Name: DODD, JAMES B  
Address: 401 N TRYON ST; NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: TREA ( ) Delete  
Name: STAPP, BRENDA S  
Address: 401 N TRYON ST; NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SVP (X) Change ( ) Addition  
Name: MROZ, GREG S  
Address: 401 N TRYON ST; NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG S MROZ

SVP

05/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date