

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P36983

FILED
Jan 07, 2003
Secretary of State

Entity Name: EQUICREDIT CORPORATION OF AMERICA

Current Principal Place of Business:

10401 DEERWOOD PARK BLVD
JACKSONVILLE, FL 322560505 US

New Principal Place of Business:

Current Mailing Address:

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

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:

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

Name and Address of New Registered Agent:

JAMES B. DODD
10401 DEERWOOD PARK
JACKSONVILLE, FL 32256 US

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

01/07/2003

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: EGGERS, HELEN B
Address: 401 N TRYON ST NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255 US

Title: SVP () Delete
Name: MROZ, GREG S
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: MCCALLISTER, PATRICK J
Address: 401 N TRYON ST NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: D () Delete
Name: HOLZ, ROBERT J
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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 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 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

Electronic Signature of Signing Officer or Director

SVP

01/07/2003

Date