

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90192 049 \*\*\*150.00

**DOCUMENT # P92000003096**

1. Corporation Name  
**NATIONSCREDIT FINANCIAL SERVICES CORPORATION OF FLORIDA**

Principal Place of Business  
**225 E JOHN CARPENTER FREEWAY  
SUITE 1000  
IRVING TX 75062  
US**

Mailing Address  
**CANTERBURY GREEN  
201 BROAD STREET  
STAMFORD CT 06901  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/09/1992**

4. FEI Number  
**56-1796722**

Applied For  
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 10301 Deerwood Park Blvd.

Suite, Apt. #, etc.

22 City & State

27 FL9-016-02-15

28 Jacksonville, FL

23 Zip Country

29 32256 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324**

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD CRAFT, DENNIS L.**  
STREET ADDRESS **4520 ALEXANDRA DR**  
CITY-ST-ZIP **COLLEYVILLE TX 76034**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VTD ANGELILLI, LAWRENCE**  
STREET ADDRESS **4504 STANHOPE AVENUE**  
CITY-ST-ZIP **DALLAS TX 75205**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **CFO CUTRONA, JOSEPH A**  
STREET ADDRESS **2612 SHADOW RIDGE DRIVE**  
CITY-ST-ZIP **ARLINGTON TX 76006**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **V HOFF, ALAN A**  
STREET ADDRESS **20 SPLIT LEVEL ROAD**  
CITY-ST-ZIP **RIDGEFIELD CT 06877**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VS HOLZ, ROBERT J**  
STREET ADDRESS **4901 GREEN OAKS**  
CITY-ST-ZIP **COLLEYVILLE TX 76034**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VAS FAGIN, SARAH L**  
STREET ADDRESS **7626 LAKECREST CIR**  
CITY-ST-ZIP **IRVING TX 75063**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

CR2E034 (11/98)

535431-9092-49  
p92000003096

NationsCredit Financial Services Corporation of Florida  
(Florida)

PRINCIPAL OFFICERS AND DIRECTORS

DIRECTORS

Business Address

William M. Ross  
Director

10401 Deerwood Park Boulevard  
Jacksonville, FL 32256

Robert J. Holz  
Director

225 E. John Carpenter Freeway  
Irving, TX 75062

OFFICERS

Business Address

William M. Ross  
President

10401 Deerwood Park Boulevard  
Jacksonville, FL 32256

Robert J. Holz  
Vice President and  
Secretary

225 E. John Carpenter Freeway  
Irving, TX 75062

Jesse K. Bray  
Senior Vice President  
and Treasurer

225 E. John Carpenter Freeway  
Irving, TX 75062

James B. Dodd  
Vice President

10401 Deerwood Park Boulevard  
Jacksonville, FL 32256

Monica E. Windham  
Vice President

10301 Deerwood Park Boulevard  
Jacksonville, FL 32256

Charlene A. Tolar  
Assistant Secretary

225 E. John Carpenter Freeway  
Irving, TX 75062