

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P36983

**Entity Name:** EQUICREDIT CORPORATION OF AMERICA

**Current Principal Place of Business:**

150 NORTH COLLEGE STREET  
CHARLOTTE, NC 28255

**Current Mailing Address:**

150 NORTH COLLEGE STREET  
CHARLOTTE, NC 28255 US

**FEI Number:** 59-3080938

**Certificate of Status Desired:** No

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

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

Date

**Officer/Director Detail :**

Title SECRETARY  
Name JOHNSON, COLLEEN O.  
Address 150 NORTH COLLEGE STREET  
City-State-Zip: CHARLOTTE NC 28255

Title TREASURER, SENIOR VICE PRESIDENT  
Name OLSON, MARY ANN  
Address 150 NORTH COLLEGE STREET  
City-State-Zip: CHARLOTTE NC 28255

Title VP  
Name LONG, BRIGITTE  
Address 150 NORTH COLLEGE STREET  
City-State-Zip: CHARLOTTE NC 28255

Title VP  
Name HAMLIN, AMY  
Address 150 NORTH COLLEGE STREET  
City-State-Zip: CHARLOTTE NC 28255

Title VP  
Name JACKSON, KATHY R.  
Address 150 NORTH COLLEGE STREET  
City-State-Zip: CHARLOTTE NC 28255

Title VP  
Name HAM, DEBI  
Address 150 NORTH COLLEGE STREET  
City-State-Zip: CHARLOTTE NC 28255

Title SENIOR VICE PRESIDENT  
Name BARTH, NATHAN A.  
Address 150 NORTH COLLEGE STREET  
City-State-Zip: CHARLOTTE NC 28255

Title DIRECTOR, PRESIDENT  
Name MINTON, DEBRA J.  
Address 150 NORTH COLLEGE STREET  
City-State-Zip: CHARLOTTE NC 28255

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*I hereby 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 all other like empowered.*

**SIGNATURE:** NATHAN A. BARTH

**SENIOR VICE PRESIDENT 04/22/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASSISTANT SECRETARY  
Name COSTAMAGNA, CHRISTINE M.  
Address 150 NORTH COLLEGE STREET  
City-State-Zip: CHARLOTTE NC 28255

Title ASSISTANT SECRETARY  
Name POOLE, SHERRY K.  
Address 150 NORTH COLLEGE STREET  
City-State-Zip: CHARLOTTE NC 28255

Title ASSISTANT SECRETARY  
Name RAULERSON, JAMES  
Address 150 NORTH COLLEGE STREET  
City-State-Zip: CHARLOTTE NC 28255

Title ASSISTANT SECRETARY, SENIOR  
VICE PRESIDENT  
Name HOWARD, LAURENCE W.  
Address 150 NORTH COLLEGE STREET  
City-State-Zip: CHARLOTTE NC 28255

Title SENIOR VICE PRESIDENT, TAX  
Name RACANIELLO, FRANK  
Address 150 NORTH COLLEGE STREET  
City-State-Zip: CHARLOTTE NC 28255

Title VP  
Name BAW, SUZANNE L.  
Address 150 NORTH COLLEGE STREET  
City-State-Zip: CHARLOTTE NC 28255