

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

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 832307 (3)
 1. Corporation Name
NATIONSBANC FINANCIAL SERVICES CORPORATION



Principal Place of Business 225 E JOHN CARPENTER FREEWAY SUITE 1000 IRVING TX 75062 US	Mailing Address CANTERBURY GREEN 201 BROAD STREET STANFORD CT 06901
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/07/1974
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4. FEI Number 58-0538405	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	85 Zip Code FL
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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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE	NAME	SESSOMS, BOBBY D	STREET ADDRESS	LAKE SHORE APTS., APT. 6012	CITY-ST-ZIP	IRVING TX 75039
TITLE	V	<input type="checkbox"/> DELETE	NAME	HOFF, ALAN M	STREET ADDRESS	20 SPLIT LEVEL ROAD	CITY-ST-ZIP	RIDGEFIELD CT 06877
TITLE	EVPD	<input type="checkbox"/> DELETE	NAME	CUTRONA, JOSEPH P	STREET ADDRESS	2612 SHADOW RIDGE DRIVE	CITY-ST-ZIP	ARLINGTON TX 76006
TITLE	VT	<input type="checkbox"/> DELETE	NAME	ANGELILLI, LAWRENCE	STREET ADDRESS	4504 STAN HOPE AVE	CITY-ST-ZIP	DALLAS TX 75205
TITLE	SVP	<input type="checkbox"/> DELETE	NAME	STOCKTON, JOHN B	STREET ADDRESS	5 INDIAN TRAIL	CITY-ST-ZIP	HARRISON NY 10528
TITLE	AS	<input type="checkbox"/> DELETE	NAME	KIRK, PAMELLA	STREET ADDRESS	1803 SOUTH ADAMS STREET	CITY-ST-ZIP	FORT WORTH TX 76104

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Handwritten Signature]* 11221094-209)352-4083

CR2E034 (10/97)