


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

FILED

Feb 04 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 832307 (3)</b> 1. Corporation Name <b>NATIONSBANC FINANCIAL SERVICES CORPORATION</b>					
Principal Place of Business <b>225 E JOHN CARPENTER FREEWAY SUITE 1000 IRVING TX 75062 US</b>			Mailing Address <b>CANTERBURY GREEN 201 BROAD STREET STANFORD CT 06901</b>		
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 <b>05/07/1974</b> 4. FEI Number <b>58-0538405</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 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 <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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's signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SESSOMS, BOBBY D		1.2 NAME		
STREET ADDRESS	LAKE SHORE APTS., APT. 6012		1.3 STREET ADDRESS		
CITY-ST-ZIP	IRVING TX 75039		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOFF, ALAN M		2.2 NAME		
STREET ADDRESS	20 SPLIT LEVEL ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	RIDGEFIELD CT 06877		2.4 CITY-ST-ZIP		
TITLE	EVPD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUTRONA, JOSEPH P		3.2 NAME		
STREET ADDRESS	2612 SHADOW RIDGE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON TX 76006		3.4 CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANGELILLI, LAWRENCE		4.2 NAME		
STREET ADDRESS	4504 STAN HOPE AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75205		4.4 CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOCKTON, JOHN B		5.2 NAME		
STREET ADDRESS	5 INDIAN TRAIL		5.3 STREET ADDRESS		
CITY-ST-ZIP	HARRISON NY 10528		5.4 CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRK, PAMELLA		6.2 NAME		
STREET ADDRESS	1803 SOUTH ADAMS STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH TX 76104		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.					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

*[Signature]*

1122104-209)352-4083

CR2E034 (10/97)