

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

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

05-10-1999 90193 001 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 832307**  
 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 Country	2a. Mailing Address 26 10301 Deerwood Park Blvd. 27 Suite, Apt. #, etc. 27 FL9-016-02-15 28 City & State 28 Jacksonville, FL 29 Zip Country 29 32256 30 USA
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3. Date Incorporated or Qualified <b>05/07/1974</b>	4. FEI Number <b>58-0538405</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	1603 SOUTH ADAMS STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX 76104	6.4 CITY-ST-ZIP	

*See attached schedule*

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: Monica F. Williams DATE: 4/29/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)

535433-9093-1

NationsCredit Financial Services Corporation 832307  
(North Carolina)

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
Valerie L. Alexander Assistant Secretary	10401 Deerwood Park Boulevard Jacksonville, FL 32256