

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 832307

1. Entity Name
NATIONSBANC FINANCIAL SERVICES CORPORATION

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90026 001 ***550.00

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

Mailing Address
10301 DEERWOOD PARK BLVD.
FL9016-02-15
JACKSONVILLE FL 32256

2. NC1-021-03-09
401 N TRYON ST
CHARLOTTE NC 28255

3. Mail NC1-021-03-09
401 N TRYON ST
Suit CHARLOTTE NC 28255



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number	58-0538405	Applied For
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---	-----------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SESSOMS, BOBBY D LAKE SHORE APTS., APT. 6012 IRVING TX 75039 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Duane L. Smith <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOFF, ALAN M 20 SPLIT LEVEL ROAD RIDGEFIELD CT 06877 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir William M. Ross <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD CUTRONA, JOSEPH P 2612 SHADOW RIDGE DRIVE ARLINGTON TX 76006 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Harold Lewis, Jr. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ANGELILLI, LAWRENCE 4504 STAN HOPE AVE DALLAS TX 75205 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Robert J. Holz <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP STOCKTON, JOHN B 5 INDIAN TRAIL HARRISON NY 10528 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KIRK, PAMELLA 1603 SOUTH ADAMS STREET FORT WORTH TX 76104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature Required 7-19-00 704-388-2460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Duane L. Smith SVP Daytime Phone #

CR2E034 (5/00)