

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # F92000000258**1. Entity Name
NATIONSCREDIT FINANCIAL SERVICES CORPORATION

Principal Place of Business

225 E JOHN CARPENTER FREEWAY
SUITE 1000
IRVING TX
75062 US

Mailing Address

225 E JOHN CARPENTER FREEWAY
SUITE 1000
IRVING TX
75062 US

2. Principal Place of Business

401 N TRYON ST

3. Mailing Address

401 N TRYON ST

Suite, Apt. #, etc.

NC1-021-02-20

Suite, Apt. #, etc.

NC1-021-02-20

City & State

CHARLOTTE NC

City & State

CHARLOTTE NC

Zip

28255

Country

US

Zip

28255

Country

US

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION
33324 US

FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-1796719

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/01/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | ALEXANDER VALERIE L | |
| STREET ADDRESS | 8526 GOLDENEYE LN | |
| CITY-ST-ZIP | JACKSONVILLE FL 32217 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | DODD JAMES B | |
| STREET ADDRESS | 14282 CRYSTAL COVE DR | |
| CITY-ST-ZIP | JACKSONVILLE FL 32224 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | WINDHAM MONICA W | |
| STREET ADDRESS | 7068 PONCE DE LEON AVE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32217 | |
| TITLE | VSD | <input type="checkbox"/> Delete |
| NAME | HOLZ ROBERT J | |
| STREET ADDRESS | 4901 GREEN OAKS | |
| CITY-ST-ZIP | COLLEYVILLE TX 76034 | |
| TITLE | SVTD | <input type="checkbox"/> Delete |
| NAME | BRAY JESSE K | |
| STREET ADDRESS | 908 EDMERE LANE | |
| CITY-ST-ZIP | SOUTHLAKE TX 76092 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ROSS WILLIAM R | |
| STREET ADDRESS | 1021 SORRENTO RD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLZ ROBERT J | |
| STREET ADDRESS | 401 N TRYON ST NC1-021-02-20 | |
| CITY-ST-ZIP | CHARLOTTE NC 28255 | |
| TITLE | TREA | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLZ ROBERT J | |
| STREET ADDRESS | 401 N TRYON ST NC1-021-02-20 | |
| CITY-ST-ZIP | CHARLOTTE NC 28255 | |
| TITLE | SEC | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLZ ROBERT J | |
| STREET ADDRESS | 401 N TRYON ST NC1-021-02-20 | |
| CITY-ST-ZIP | CHARLOTTE NC 28255 | |
| TITLE | SVP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MROZ GREG S | |
| STREET ADDRESS | 401 N TRYON ST NC1-021-02-20 | |
| CITY-ST-ZIP | CHARLOTTE NC 28255 | |
| TITLE | D/P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EGGERS HELEN | |
| STREET ADDRESS | 401 N TRYON ST NC1-021-02-20 | |
| CITY-ST-ZIP | CHARLOTTE NC 28255 | |

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: GREG S MROZ

SVP

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)