

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

**FILED**  
**Feb 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F92000000260 (1)**  
 1. Corporation Name  
**NATIONSCREDIT FINANCIAL SERVICES CORPORATION OF AMERICA**

Principal Place of Business <b>225 E JOHN CARPENTER FREEWAY                  SUITE 1000                  IRVING TX 75062                  US</b>	Mailing Address <b>225 E JOHN CARPENTER FREEWAY                  SUITE 1000                  IRVING TX 75062                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	11/17/1992	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	56-1796720	
24	Country	29	Country	5. Certificate of Status Desired	
25		30		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				\$8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	
				6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

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**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CRAFT, DENNIS L.	
STREET ADDRESS	4520 ALEXANDRA DR	
CITY-ST-ZIP	COLLEGEVILLE TX 76034	
TITLE	SVTD	<input type="checkbox"/> DELETE
NAME	ANGELI, LAWRENCE	
STREET ADDRESS	4504 STANHOPE AVENUE	
CITY-ST-ZIP	DALLAS TX 75205	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HOLZ, RICHARD J	
STREET ADDRESS	4901 GREEN OAKS	
CITY-ST-ZIP	COLLEYVILLE TX 76034	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOFF, ALAN M	
STREET ADDRESS	20 SPLITLEVEL ROAD	
CITY-ST-ZIP	RIDGEFIELD CT 06877	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	CUTRONA, JOSEPH	
STREET ADDRESS	2612 SHADOWRIDGE DRIVE	
CITY-ST-ZIP	ARLINGTON TX 76006	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LA MARCA, CHARLES	
STREET ADDRESS	40 FORESTDALE AVENUE	
CITY-ST-ZIP	MONROE NY 10950	

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 checked="" type="checkbox"/> Addition
6.2 NAME	VAS
6.3 STREET ADDRESS	FAGIN, SARAH L.
6.4 CITY-ST-ZIP	7626 LAKECREST CIRCLE IRVING, TX 75063

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 \_\_\_\_\_

CR2E034 (10/97)