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

05-10-1999 90193 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000260

1. Corporation Name
NATIONSCREDIT FINANCIAL SERVICES CORPORATION OF AMERICA

Principal Place of Business 225 E JOHN CARPENTER FREEWAY SUITE 1000 IRVING TX 75062 US	Mailing Address ONE CANTERBURY GREEN P.O. BOX 120013 STANFORD CT 06912 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 10301 Deerwood Park Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 FL9-016-02-15
City & State 23	City & State 28 Jacksonville, FL
Zip 24	Country 30 USA

3. Date Incorporated or Qualified 11/17/1992	Applied For Not Applicable
4. FEI Number 56-1796720	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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		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	CRAFT, DENNIS L.	1.2 NAME	
STREET ADDRESS	4520 ALEXANDRA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLLEGEVILLE TX 76034	1.4 CITY-ST-ZIP	
TITLE	SVTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELILLI, LAWRENCE	2.2 NAME	
STREET ADDRESS	4504 STANHOPE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75205	2.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLZ, RICHARD J	3.2 NAME	
STREET ADDRESS	4901 GREEN OAKS	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLLEYVILLE TX 76034	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFF, ALAN M	4.2 NAME	
STREET ADDRESS	20 SPLITLEVEL ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGEFIELD CT 06877	4.4 CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTRONA, JOSEPH	5.2 NAME	
STREET ADDRESS	2612 SHADOWRIDGE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON TX 76006	5.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAGIN, SARAH L	6.2 NAME	
STREET ADDRESS	7626 LAKECREST CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75063	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: _____ DATE: 4/29/99 DAYTIME PHONE # _____

CR2E034 (11/98)

535434-90193-2

F92000000260

NationsCredit Financial Services Corporation
(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