

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000001376 (3)

1. Corporation Name

EQCC ASSET BACKED CORPORATION



Principal Place of Business

C/O EQUICREDIT CORP.  
1801 ART MUSEUM DRIVE  
JACKSONVILLE FL 32207-2597  
US

Mailing Address

C/O EQUICREDIT CORP.  
1801 ART MUSEUM DRIVE  
JACKSONVILLE FL 32207-2597  
US

2. Principal Place of Business

21 10401 Deerwood Park Blvd.

Suite, Apt. #, etc.

22 Jacksonville, FL

City & State

23 Jacksonville, FL

Zip

24 32256

Country

25 Duval

2a. Mailing Address

26 P.O. Box 53077

Suite, Apt. #, etc.

27 Jacksonville, FL

City & State

28 Jacksonville, FL

Zip

29 32201

Country

30 Duval

3. Date Incorporated or Qualified

03/19/1993

3a. Date of Last Report

04/19/1995

4. FEI Number

59-3170052

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ 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

FL

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

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

NOTE: Registered Agent's signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
PCD  
VETH, STEPHEN R  
C/O 1801 ART MUSEUM DRIVE  
JACKSONVILLE FL 32207-2597

TITLE ☒ DELETE

NAME  
VTD  
MARSHALL, JOHN R.  
1801 ART MUSEUM DR  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
VSD  
HARRIS, JOHN C  
C/O 1801 ART MUSEUM DRIVE  
JACKSONVILLE FL 32207-2597

TITLE ☐ DELETE

NAME  
D  
ANDRADE, C. ROBERTO  
1801 ART MUSEUM DR  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
D  
CARTY, HUGH L.  
1801 ART MUSEUM DR  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME  
VP/T/D  
John P. Silsby, II  
10401 Deerwood Park Blvd.  
Jacksonville, FL 32256

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 as an addendum with a checkmark.

SIGNATURE: By:

Senior Vice President

John C. Harris

04/23/96

904-987-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)