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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

F93000004600 (3)

NATIONSCREDIT COMMERCIAL CORPORATION

FILED Feb 04 1998 8:00am Secretary of State



16260 (1)

Principal Place	e of Business	Malling Address	Maiing Address				
ONE CANTER	RBURY GREEN	P O BOX 120013					
201 BROAD ST. 2ND FL. STAMFORD CT 06901		201 BROAD ST. 2ND FL. STAMFORD CT 06912-0013 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
		03					
6 Dalmain of O	lace of Business	2a. Mailing Address				10/12/1993 4. FEI Number Applied For	
	ace of Business	— <u> </u>				7,7,5,10	
21	# 010	26 State And the state				00 10/0000	
Suite, Apt #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required	
22		City & State					
City & State		}-¬ '				B. Election Campaign Financing Trust Fund Contribution Added to Fees	
23			Z _{ID} Country				
Zip	Country	Ζιρ	├ ──	ıuy		This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
24	25]	29	30]			Personal Properly Tax due June 30. Li Yes Li No 10. Name and Address of New Registered Agent	
	9. Name and Address of Curr	aur Hedistelen Mästit	-	81	Name	ID. Hallie and Address of New Hegistered Agent	
	CORPORATION SYSTEM						
1200 S. PINE ISLAND RD.				82 Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324			1				
			Ì	83			
			}	84	City	85 Zip Code	
			4		•	FL	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	utes, the ab	ove	-named	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
office of r	egistered agent, or both, in the sta m familiar with, and accept the obl	igations of Section 607.0505, F	-lorida Stati	ites	the corp	oration's poard of directors. Thereby accept the appointment as registered	
-							
SIGNATURE	Signature, typod or printed name of registered a	agent and title if applicable. (NC	Oll Registered	Aper	nt signature	required when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	☐ DEŁETE	1.1 TIT	LE		Change Addition	
NAME	STOCKTON, JOHN B.		1.2 NA	ME			
STREET ADDRESS	201 BROAD STREET		1.3 STF	REET	ADDRESS		
CITY-ST-ZIP	STAMFORD CT		1.4 OIT	1.4 City-St-ZIP		,	
TITLE			2.1 TIE			PD Change X Addition	
NAME			2 2 NA	22 NAME		STEPHEN T. IRISH	
STREET ADDRESS					address	201 BROAD ST.	
			2 4 01			STANFORD, CT. OLPOI	
CITY-ST-ZIP TITLE	DELETE			11-3 1E	- LIF	∨P Change X Addition	
	L. Dettelk					ALAN N. HOFF	
NAME					LODGE A	201 BROAD ST.	
STREET ADORESS					ADDRESS	AT AT ON AT ALC.	
CITY-ST-ZIP		DELETE	3 4. CI	·····		STANFORD, CT. 06901 Change Addition	
TITLE		☐ DELEVE	4 1 TIT			Unango Ing rounion	
NAME .			4 2 NA			LAWRENCE ANGELILL	
STREET ADDRESS					ADDRESS	225 E. TOHN CARPENIER FUY.	
CITY-ST-ZIP			4 4 CIT		- Z IP	T Change Addition LAWRENCE ANCELILL! 925 ETOHN CARPENTER FWY. TRYING, TX., 75062 OCHANGE Addition	
TITLE		☐ DELETE	5 1 TH	LE		Change Addition	
NAME			5 2 NA	ME	- 1	ROBERT HOLK	
STREET ADDRESS			53 STI	BEET A	ADDRESS	225 E. JOHN CARPENTER FWY	
CITY-ST-ZIP			5.4 CII	Y - S1	- ZIP	IRVING, TX. 75062	
TITLE		DELETE	6.1 TIT	LE		VP 15 Change Addition	
NAME			6.2 NA	ME	1	TARREST FORIAL	
STREET ADDRESS			63.51	REET	ADDRESS	225 E, TOHN CARPENTER FWY	
***************************************			6.4 CII		I	IRVING, TX. 75062	
CITY-ST-ZIP			0.4 (.1)	1-01	- 215	and in Continue 110 07(2)(i) Florida Statutos I further certify that the information	

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 D7(3)(i). Florida Statutes. I further certify that the informatio indicated on this 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 trusted 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. **)**-0.

M.M. H.