

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000004962 (5)

1. Corporation Name

NATIONSCREDIT CONSUMER SERVICES, INC.



Principal Place of Business

1105 HAMILTON ST.  
ALLENTOWN PA 18101

Mailing Address

1105 HAMILTON ST.  
ALLENTOWN PA 18101

3. Date Incorporated or Qualified

10/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 the state in which

(If the registered agent signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DOWNING, J H	
STREET ADDRESS	1105 HAMILTON ST.	
CITY-STATE-ZIP	ALLENTOWN PA 18101	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KORZIK, T J	
STREET ADDRESS	1105 HAMILTON ST.	
CITY-STATE-ZIP	ALLENTOWN PA 18101	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROBINE, R F	
STREET ADDRESS	1105 HAMILTON ST.	
CITY-STATE-ZIP	ALLENTOWN PA 18101	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CRAFT, D L	
STREET ADDRESS	1105 HAMILTON ST.	
CITY-STATE-ZIP	ALLENTOWN PA 18101	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BRADY, D H	
STREET ADDRESS	1105 HAMILTON ST.	
CITY-STATE-ZIP	ALLENTOWN PA 18101	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	ANGELILLI, L	
STREET ADDRESS	1105 HAMILTON ST.	
CITY-STATE-ZIP	ALLENTOWN PA 18101	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BODNAR, S.A.	
1.3 STREET ADDRESS	1105 HAMILTON ST.	
1.4 CITY-STATE-ZIP	ALLENTOWN, PA 18101	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BALASCKI, P.D.	
2.3 STREET ADDRESS	1105 HAMILTON ST.	
2.4 CITY-STATE-ZIP	ALLENTOWN, PA 18101	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DUBBS, B.A.	
3.3 STREET ADDRESS	1105 HAMILTON ST.	
3.4 CITY-STATE-ZIP	ALLENTOWN, PA 18101	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LUTZ, L.A.	
5.3 STREET ADDRESS	1105 HAMILTON ST.	
5.4 CITY-STATE-ZIP	ALLENTOWN, PA 18101	
6.1 TITLE	VPT D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 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: S.A. BODNAR *S.A. Bodnar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT 04/23/96 (610) 437-2079

Date

Signature Block

CR2E034 (12/95)