

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

05-10-1999 90193 012 ***150.00

DOCUMENT # F95000004962

1. Corporation Name

NATIONSCREDIT CONSUMER SERVICES, INC.

Principal Place of Business

225 E JOHN CARPENTER FREEWAY
SUITE 1000
IRVING TX 75062

Mailing Address

CANTERBURY GREEN
201 BROAD STREET
STAMFORD CT 06901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1995

4. FEI Number

23-2821969

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 10301 Deerwood Park Blvd.

Suite, Apt. #, etc.

27 FL9-016-02-15

City & State

28 Jacksonville, FL

Zip

29 32256

Country

30 USA

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	CRAFT, DENNIS L	4520 ALEXANDRA DRIVE	COLLEYVILLE TX 76034	<input type="checkbox"/>
V	HOFF, ALAN M	20 SPLIT LEVEL ROAD	RIDGEFIELD CT 06877	<input type="checkbox"/>
VS	HOLZ, ROBERT J	4901 GREEN OAKS	COLLEYVILLE TX 76034	<input type="checkbox"/>
SVTD	ANGELILLI, LAWRENCE	4504 STANHOPE AVENUE	DALLAS TX 75205	<input type="checkbox"/>
CFO	CUTRONA, JOSEPH F	2612 SHADOWRIDGE DRIVE	ARLINGTON TX 76006	<input type="checkbox"/>
VAS	FAGIN, SARAH L	7626 LAKECREST CIR	IRVING TX 75063	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

See Attached

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

Daytime Phone #

CR2E034 (1/98)

0001927

NationsCredit Consumer Services, Inc.
(Alabama)

PRINCIPAL OFFICERS AND DIRECTORS

535444-90193-12
F95000004962

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