

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006854 (1)**

1. Corporation Name
NATIONAL CREDIT MANAGEMENT CORPORATION

Principal Place of Business
**11350 MCCORMICK RD., EP III, #800
HUNT VALLEY MD 21031**

Mailing Address
**11350 MCCORMICK RD., EP III, #800
HUNT VALLEY MD 21031**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/30/1996		3a. Date of Last Report N/A	
4. FEI Number 52-1365837		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable		8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5.00 May Be Added to Fees			
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) 100002253711--9			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILLESPIE, THOMAS F 11350 MCCORMICK RD., EP III, #800 HUNT VALLEY MD 21031 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Gillespie, Thomas F. 3607 Stansbury Mill Road Phoenix, MD 21131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MCANDREWS, VICTORIA C 11350 MCCORMICK RD., EP III, #800 HUNT VALLEY MD 21031 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PD Leeds Hackett 11350 McCormick RD, EP III, #800 Hunt Valley, MD 21031 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCY HACKETT, LEEDS 11350 MCCORMICK RD., EP III, #800 HUNT VALLEY MD 21031 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VP Richard M. Fiorito 11350 McCormick RD, EP III, #800 Hunt Valley, MD 21031 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLT, PAUL F 780 3RD AVE., 25TH FLOOR NEW YORK NY 10017 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Earl S. Wellschlager 36 S. Charles Street Baltimore, MD 21201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE:

Leeds Hackett

7/23/97 VIN-584-95AA

CR2E034 (4/97)



NATIONAL CREDIT MANAGEMENT CORPORATION
EXECUTIVE PLAZA III, SUITE 800
11350 MCCORMICK ROAD
HUNT VALLEY, MARYLAND 21031

pg. 2

July 31, 1997

VIA CERTIFIED MAIL

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: 1997 Annual Report

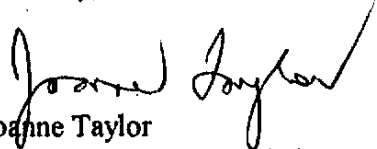
Dear Sir/Madame:

Enclosed please find National Credit Management Corporation's Profit Corporation 1997 Annual Report, along with a check in the amount of \$165.00.

We respectfully request that the late fee of \$385.00 be waived on this report. We did not receive any notification prior to the 2nd Notice that we were responsible for submitting this report. Should you determine the late fee is still due, please notify me as such and we will gladly comply.

If you have any questions or need any additional information, please feel free to contact me directly.

Sincerely,


Joanne Taylor
Manager, Corporate Administration

410.584.9500

800.688.2230

FAX 410.584.9164

HTTP://WWW.NCMC.COM

CLIENT SERVICES 800.688.2250