


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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90091 050 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000006854					
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		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1996	
21		26		4. FEI Number 52-1365837	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip Country		Zip Country			
24		29		30	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	GILLESPIE, THOMAS F				
STREET ADDRESS	3607 STANSBURY MILL ROAD				
CITY-ST-ZIP	PHOENIX MD 21131				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	HACKETT, LEEDS				
STREET ADDRESS	11350 MCCORMICK RD., EP III, #800				
CITY-ST-ZIP	HUNT VALLEY MD 21031				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	FIORITO, RICHARD M				
STREET ADDRESS	11350 MCCORMICK RD., EP III, #800				
CITY-ST-ZIP	HUNT VALLEY MD 21031				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	WELLSCHLAGER, EARL S				
STREET ADDRESS	36 S. CHARLES STREET				
CITY-ST-ZIP	BALTIMORE MD 21201				
TITLE	VPST	<input checked="" type="checkbox"/> DELETE			
NAME	MCANDREWS, VICTORIA C				
STREET ADDRESS	11350 MCCORMICK RD EP III SUITE 800				
CITY-ST-ZIP	HUNT VALLEY MD 21031				
TITLE	VP	<input checked="" type="checkbox"/> DELETE			
NAME	CAUSEY, RUSS C				
STREET ADDRESS	11350 MCCORMICK RD EP III SUITE 800				
CITY-ST-ZIP	HUNT VALLEY MD 21031				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME	P/S/T/D Hackett, Leeds				
2.3 STREET ADDRESS	11350 McCormick Rd, EP III, Ste 800				
2.4 CITY-ST-ZIP	Hunt Valley, MD 21031				
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
3.2 NAME	Asst. S/D Cunningham, Michael J.				
3.3 STREET ADDRESS	One Penn Plaza, Suite 4430				
3.4 CITY-ST-ZIP	New York, NY 10119				
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
4.2 NAME	D Haqq, Mahmud U.				
4.3 STREET ADDRESS	One Penn Plaza, Suite 4430				
4.4 CITY-ST-ZIP	New York, NY 10119				
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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
Leeds Hackett, Secretary & Treas.

1/15/99 410-584-9500

Date Daytime Phone #

CR2E034 (11/98)