

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  
Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90043 040 \*\*\*150.00

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1. Corporation Name

NUVELL CREDIT CORPORATION

Principal Place of Business

17500 CHENAL PKWY  
LITTLE ROCK AR 72211  
US

Mailing Address

17500 CHENAL PKWY  
LITTLE ROCK AR 72211  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1997

4. FEI Number  
72-1384803

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

72223

72223

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE

NAME GIBSON, JOHN E  
STREET ADDRESS 3044 WEST GRAND BLVD.  
CITY-ST-ZIP DETROIT MI 48202

1.1 TITLE ☐ Change ☐ Addition

TITLE DP ☒ DELETE

NAME SAMBRANO, TIMOTHY S  
STREET ADDRESS 17500 CHENAL PKWY  
CITY-ST-ZIP LITTLE ROCK AR 72211

2.1 TITLE ☐ Change ☒ Addition

TITLE DV ☐ DELETE

NAME MAEDER, WALTER  
STREET ADDRESS 3044 WEST GRAND BLVD.  
CITY-ST-ZIP DETROIT MI 48202

2.2 NAME DP  
2.3 STREET ADDRESS Tommy E. PRITCHARD  
17500 CHENAL PARKWAY, SUITE 201  
2.4 CITY-ST-ZIP LITTLE ROCK, AR 72223

TITLE DV ☐ DELETE

NAME VAN ORMAN, JEROME B JR.  
STREET ADDRESS 3044 WEST GRAND BLVD.  
CITY-ST-ZIP DETROIT MI 48202

3.1 TITLE ☒ Change ☐ Addition

TITLE DV ☒ DELETE

NAME DENNIS, JAMES R  
STREET ADDRESS 17500 CHENAL PKWY  
CITY-ST-ZIP LITTLE ROCK AR 72211

4.1 TITLE ☒ Change ☐ Addition

TITLE S ☐ DELETE

NAME MERRYMAN, GREGORY K  
STREET ADDRESS 3031 WEST GRAND BLVD.  
CITY-ST-ZIP DETROIT MI 48202

5.1 TITLE ASSISTANT SECRETARY  
5.2 NAME Sylvia Borchert  
5.3 STREET ADDRESS 17500 Chenal Parkway, Suite 201  
5.4 CITY-ST-ZIP Little Rock AR 72223

6.1 TITLE ☒ Change ☐ Addition

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

1-6-99

Date

504 621 5252 ext 310

Daytime Phone #

CR2E034 (1/98)