

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004116

FILED  
Apr 16, 2004  
Secretary of State

Entity Name: NUVELL CREDIT CORPORATION

**Current Principal Place of Business:**

17500 CHENAL PKWY  
LITTLE ROCK, AR 72223 US

**New Principal Place of Business:**

**Current Mailing Address:**

17500 CHENAL PKWY  
LITTLE ROCK, AR 72223 US

**New Mailing Address:**

FEI Number: 72-1384803      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: GIBSON, JOHN E  
Address: 200 RENAISSANCE CENTER  
City-St-Zip: DETROIT, MI 48265

Title: DP ( ) Delete  
Name: PRITCHARD, TOMMY E  
Address: 17500 CHENAL PARKWAY, SUITE 201  
City-St-Zip: LITTLE ROCK, AR 72223

Title: DTV ( ) Delete  
Name: VOSS, LINDA  
Address: 17500 CHENEL PRWY  
City-St-Zip: LITTLE ROCK, AR 72223

Title: D ( ) Delete  
Name: VAN ORMAN, JEROME B JR.  
Address: 200 RENAISSANCE CENTER  
City-St-Zip: DETROIT, MI 48265

Title: AS ( ) Delete  
Name: BORCHERT, SYLVIA  
Address: 17500 CHENAL PARKWAY, SUITE 201  
City-St-Zip: LITTLE ROCK, AR 72223

Title: S ( ) Delete  
Name: QUENVILLE, CATHY L  
Address: 200 RENAISSANCE CENTER  
City-St-Zip: DETROIT, MI 48265

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DTV (X) Change ( ) Addition  
Name: LACOMBE, LAWRENCE B  
Address: 17500 CHENEL PRWY  
City-St-Zip: LITTLE ROCK, AR 72223

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVIA BORCHERT

AS

04/16/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date