

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004116

FILED
Apr 22, 2005
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:

17500 CHENAL PKWY
ATTN: MS. PATRICIA PETKOFF
LITTLE ROCK, AR 72223 US

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: LACOMBE, LAWRENCE B
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: QUENNVILLE, 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/22/2005

Electronic Signature of Signing Officer or Director

_____ Date