


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90196 010 ***150.00

DOCUMENT # F97000004116

1. Entity Name
NUVELL CREDIT CORPORATION



Principal Place of Business
**17500 CHENAL PKWY
LITTLE ROCK AR 72223
US**

Mailing Address
**17500 CHENAL PKWY
LITTLE ROCK AR 72223
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

4. FEI Number **72-1384803**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	GIBSON, JOHN E	
STREET ADDRESS	200 RENAISSANCE CENTER	
CITY-ST-ZIP	DETROIT MI 48265	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PRITCHARD, TOMMY E	
STREET ADDRESS	17500 CHENAL PARKWAY, SUITE 201	
CITY-ST-ZIP	LITTLE ROCK AR 72223	
TITLE	DTV	<input type="checkbox"/> Delete
NAME	VOSS, LINDA	
STREET ADDRESS	17500 CHENEL PRWY	
CITY-ST-ZIP	LITTLE ROCK AR 72223	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAN ORMAN, JEROME B JR.	
STREET ADDRESS	200 RENAISSANCE CENTER	
CITY-ST-ZIP	DETROIT MI 48265	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BORCHERT, SYLVIA	
STREET ADDRESS	17500 CHENAL PARKWAY, SUITE 201	
CITY-ST-ZIP	LITTLE ROCK AR 72223	
TITLE	S	<input type="checkbox"/> Delete
NAME	QUENVILLE, CATHY L	
STREET ADDRESS	200 RENAISSANCE CENTER	
CITY-ST-ZIP	DETROIT MI 48265	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sylvia Borchert* **Sylvia Borchert** 3/31/03 501-821-8110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E084 (10/02)