

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

FILED

**Feb 05 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000005333 (6)
1. Corporation Name
NUVELL FINANCIAL SERVICES CORP.



Principal Place of Business 17500 CHENAL PKWY. LITTLE ROCK AR 72211	Mailing Address 17500 CHENAL PKWY. LITTLE ROCK AR 72211
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1997	
21	26	4. FEI Number APPLIED FOR 62-1711878		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. Country		30. Country			

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
				85	Zip Code
					FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director / Treasurer D/TV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBSON, JOHN E	1.2 NAME	Linda I. Voss
STREET ADDRESS	3044 WEST GRAND BLVD.	1.3 STREET ADDRESS	17500 Chenal Pkwy.
CITY-ST-ZIP	DETROIT MI 48202	1.4 CITY-ST-ZIP	Little Rock AR 72211
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	Exec. Vice President V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDESTY, J. ROBERT	2.2 NAME	Daniel E. Staub
STREET ADDRESS	17500 CHENAL PKWY.	2.3 STREET ADDRESS	17500 Chenal Pkwy.
CITY-ST-ZIP	LITTLE ROCK AR 72211	2.4 CITY-ST-ZIP	Little Rock AR 72211
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Secretary S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES, DENNIS R	3.2 NAME	Cathy L. Quenneville
STREET ADDRESS	17500 CHENAL PKWY.	3.3 STREET ADDRESS	3044 West Grand Blvd.
CITY-ST-ZIP	LITTLE ROCK AR 72211	3.4 CITY-ST-ZIP	Detroit, MI 48202
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Assistant Secretary S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAEDER, WALTER	4.2 NAME	Rose B. Cundall
STREET ADDRESS	3044 WEST GRAND BLVD.	4.3 STREET ADDRESS	17500 Chenal Pkwy.
CITY-ST-ZIP	DETROIT MI 48202	4.4 CITY-ST-ZIP	Little Rock, AR 72211
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	Assistant Secretary S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMBRANO, TIMOTHY S	5.2 NAME	Sylvia L. Borchert
STREET ADDRESS	17500 CHENAL PKWY.	5.3 STREET ADDRESS	17500 Chenal Pkwy.
CITY-ST-ZIP	LITTLE ROCK AR 72211	5.4 CITY-ST-ZIP	Little Rock, AR 72211
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN ORMAN, JEROME B JR.	6.2 NAME	Dennis R. James
STREET ADDRESS	3400 WEST GRAND BLVD.	6.3 STREET ADDRESS	17500 Chenal Pkwy.
CITY-ST-ZIP	DETROIT MI 48202	6.4 CITY-ST-ZIP	Little Rock AR 72211

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.

SIGNATURE: *Sylvia Borchert* SYLVIA BORCHERT 1-7-98 501-821-5200

CR2E034 (10/97)