

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90017 015 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P13939

1. Corporation Name

FLEETWOOD CREDIT CORP.

Principal Place of Business

22840 SAVI RANCH PARKWAY
P.O. BOX 87124
YORBA LINDA CA 92686-7024

Mailing Address

250 CARPENTER FREEWAY
IRVIN TX 75062-2729

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1987

4. FEI Number

33-0145314

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DEV
MACRI, ROCCO A
250 CARPENTER FREEWAY
IRVING TX

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
MANDICK, DENNIS J
250 CARPENTER FREEWAY
IRVING TX

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
AVPS
GREENE, PATRICK J
250 CARPENTER FREEWAY
IRVING TX

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
MARSHALL, HAROLD D
250 CARPENTER FREEWAY
IRVING TX

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
S
HAYES, TIMOTHY M
250 CARPENTER FREEWAY
IRVING TX

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
EVPT
HUGHES, JOHN F
250 CARPENTER FREEWAY
IRVING TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☒ Change

☐ Addition

☒ Change

☐ Addition

☐ 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 in Chapter 167, 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK GREENE
ASST VICE PRESIDENT
& ASST SECRETARY

Date

Daytime Phone #

4/19/99

CR2E034 (1/98)