

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P32036

(6)

1. Corporation Name

NATIONAL CREDIT CORPORATION

Principal Place of Business

Mailing Address

7091 ORCHARD LAKE ROAD, SUITE 300
WEST BLOOMFIELD MI 48322

7091 ORCHARD LAKE ROAD, SUITE 300
WEST BLOOMFIELD MI 48322

95 MAR -7 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/06/1990

3a. Date of Last Report
03/24/1994

4. FEI Number
38-6081769

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

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 of person or persons authorized to sign this statement)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HUBNER, W. F.
STREET ADDRESS 7091 ORCHARD LK. RD.#300
CITY- ST- ZIP W. BLOOMFIELD MI

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

TITLE VD
NAME HOPPIN, J. P.

21 TITLE ☐ Change ☐ Addition

22 NAME

CITY- ST- ZIP
W. BLOOMFIELD MI

24 CITY- ST- ZIP

TITLE VSTD
NAME BARTH, G. A.
STREET ADDRESS 7091 ORCHARD LK. RD.#300
CITY- ST- ZIP W. BLOOMFIELD MI

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(c), Florida Statutes. I further certify that the information included in 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14.

SIGNATURE:

GLENN A. BARTH V.P. & SEC/TREAS 3/1/95

(810)539-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER