

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P33256 (9)
 1. Corporation Name
NATIONSBANC SERVICES, INC.



Principal Place of Business: **71ST FLOOR, 801 MAIN ST., DALLAS TX 75202**

Mailing Address: **401 N TYRON ST. NC1-021-03-09, %CORPORATE TAX, CHARLOTTE NC 28255, US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/20/1991**

4. FEI Number: **75-1738434**

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM, 1200 S. 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: _____ **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	COB	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIXON, JAMES D		1.2 NAME		
STREET ADDRESS	401 N TRYSON S	401 N TRYSON ST NC1-021-03-09	1.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC	CHARLOTTE NC, 28256	1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PALERMO, JAMES R		2.2 NAME		
STREET ADDRESS	401 N TRYSON ST, %CORPORATE TAX		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		2.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPRADLING, BARBARA D.		3.2 NAME		
STREET ADDRESS	801 MAIN ST., STE. 6800		3.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX		3.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIXON, JAMES D.		4.2 NAME		
STREET ADDRESS	800 PEACHTREE NE 55TH FLOOR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STANHOUSE, WAYNE		5.2 NAME		
STREET ADDRESS	401 N TRYON ST, %CORPORATE TAX		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		5.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIXON, JAMES D		6.2 NAME		
STREET ADDRESS	401 N TRYON ST, %CORPORATE TAX		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		6.4 CITY-ST-ZIP		

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.

CP2E034 (10/97)