

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

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Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P37493 (4)
 1. Corporation Name
NATIONSCREDIT HOME EQUITY SERVICES CORPORATION



Principal Place of Business ATTN: GENE O'BANNON 8131 LBJ FREEWAY, STE 400 DALLAS TX 75251 US	Mailing Address ATTN: GENE O'BANNON 8131 LBJ FREEWAY, STE 400 DALLAS TX 75251-1327 US
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3. Date Incorporated or Qualified 02/14/1992	3a. Date of Last Report 02/08/1996
4. FEI Number 75-2408815	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 225 E. John Carpenter Frwy	26 P. O. Box 561688
Suite, Apt. #, etc. 22 Suite 700	Suite, Apt. #, etc. 27
City & State 23 Irving, TX	City & State 28 Dallas, TX
Zip 24 75062	Country 25 Dallas
	Zip 29 75356-1688
	Country 30 Dallas

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 8751 WEST BROWARD BOULEVARD PLANTATION FL 33324	81 Name CT Corporation System
	82 Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road
	83
	84 City Plantation
	85 Zip Code FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB SESSOMS	1.2 NAME	Matthew L. Hollingsworth
STREET ADDRESS	ONE CANTERBURY GREEN	1.3 STREET ADDRESS	225 E. John Carpenter Freeway
CITY - ST - ZIP	STAMFORD CT	1.4 CITY - ST - ZIP	Irving, TX 75062
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'BANNON, GENE R	2.2 NAME	Jeff W. Schaefer
STREET ADDRESS	8131 LBJ FREEWAY, STE 400	2.3 STREET ADDRESS	225 E. John Carpenter Freeway
CITY - ST - ZIP	DALLAS TX	2.4 CITY - ST - ZIP	Irving, TX 75062
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, MARK G	3.2 NAME	John B. Stockton
STREET ADDRESS	8131 LBJ FREEWAY, STE 400	3.3 STREET ADDRESS	One Canterbury Green
CITY - ST - ZIP	DALLAS TX	3.4 CITY - ST - ZIP	Stamford, CT 06901
TITLE	SV <input type="checkbox"/> DELETE	4.1 TITLE	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOCKTON, JOHN B	4.2 NAME	
STREET ADDRESS	ONE CANTERBURY GREEN	4.3 STREET ADDRESS	
CITY - ST - ZIP	STAMFORD CT	4.4 CITY - ST - ZIP	
TITLE	VPT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRY, ROBERT	5.2 NAME	Lawrence Angelilli
STREET ADDRESS	8131 LBJ FREEWAY, STE 400	5.3 STREET ADDRESS	225 E. John Carpenter Freeway
CITY - ST - ZIP	DALLAS TX	5.4 CITY - ST - ZIP	Irving, TX 75062
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLMAN, RONALD E	6.2 NAME	
STREET ADDRESS	8131 LBJ FREEWAY, STE 400	6.3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX	6.4 CITY - ST - ZIP	

14. I do 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 registered agent 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 _____ DATE _____
 Lawrence Angelilli 972-506-5026

CR2E034 (9/96)