


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

FILED
Mar 03 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 # **P37493** (4)
1. Corporation Name
NATIONSCREDIT HOME EQUITY SERVICES CORPORATION



Principal Place of Business 225 E. JOHN CARPENTER FRWY 700 IRVING TX 75062 US	Mailing Address P.O. BOX 561688 8131 LBJ FREEWAY, STE 400 DALLAS TX 75356 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/14/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 75-2408815	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPOTATION SYSTEM 1200 SOUTH PINE ISLAND RD 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

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HILLINGSWORTH, MATTHEW L			1.2 NAME			
STREET ADDRESS	225 E. JOHN CARPENTER FREEWAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	IRVING TX			1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHAEFER, JEFF W			2.2 NAME			
STREET ADDRESS	225 E. JOHN CARPENTER FREEWAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	IRVING TX			2.4 CITY-ST-ZIP			
TITLE	VS	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STOCKTON, JOHN B			3.2 NAME			
STREET ADDRESS	ONE CANTERBURY GREEN			3.3 STREET ADDRESS			
CITY-ST-ZIP	STAMFORD CT			3.4 CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		4.1 TITLE	<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	T	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANGELILLI, LAWRENCE			5.2 NAME			
STREET ADDRESS	225 E. JOHN CARPENTER FREEWAY			5.3 STREET ADDRESS			
CITY-ST-ZIP	IRVING TX			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, such as attachment with an address.

SIGNATURE:

Treasurer

2/22/98

272/526 5100

CR2E034 (10/97)