

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36983

Entity Name: EQUICREDIT CORPORATION OF AMERICA**Current Principal Place of Business:**150 NORTH COLLEGE STREET
CHARLOTTE, NC 28255**Current Mailing Address:**150 NORTH COLLEGE STREET
CHARLOTTE, NC 28255 US**FEI Number:** 59-3080938**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name JOHNSON, COLLEEN O.
Address 150 NORTH COLLEGE STREET
City-State-Zip: CHARLOTTE NC 28255

Title VP
Name LONG, BRIGITTE
Address 150 NORTH COLLEGE STREET
City-State-Zip: CHARLOTTE NC 28255

Title VP
Name JACKSON, KATHY R.
Address 150 NORTH COLLEGE STREET
City-State-Zip: CHARLOTTE NC 28255

Title SENIOR VICE PRESIDENT
Name BARTH, NATHAN A.
Address 150 NORTH COLLEGE STREET
City-State-Zip: CHARLOTTE NC 28255

Title TREASURER, SENIOR VICE
PRESIDENT
Name OLSON, MARY ANN
Address 150 NORTH COLLEGE STREET
City-State-Zip: CHARLOTTE NC 28255

Title VP
Name HAMLIN, AMY
Address 150 NORTH COLLEGE STREET
City-State-Zip: CHARLOTTE NC 28255

Title VP
Name HAM, DEBI
Address 150 NORTH COLLEGE STREET
City-State-Zip: CHARLOTTE NC 28255

Title DIRECTOR, PRESIDENT
Name MINTON, DEBRA J
Address 150 NORTH COLLEGE STREET
City-State-Zip: CHARLOTTE NC 28255

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARTH , NATHAN A.**SENIOR VICE PRESIDENT 04/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name COSTAMAGNA, CHRISTINE M
Address 150 NORTH COLLEGE STREET
City-State-Zip: CHARLOTTE NC 28255

Title ASST. SECRETARY
Name POOLE, SHERRY K
Address 150 NORTH COLLEGE STREET
City-State-Zip: CHARLOTTE NC 28255

Title ASST. SECRETARY
Name RAULERSON, JAMES
Address 150 NORTH COLLEGE STREET
City-State-Zip: CHARLOTTE NC 28255

Title ASST. SECRETARY, SENIOR VICE
PRESIDENT
Name HOWARD, LAURENCE W
Address 150 NORTH COLLEGE STREET
City-State-Zip: CHARLOTTE NC 28255

Title SENIOR VICE PRESIDENT, TAX
Name RACANIELLO, FRANK
Address 150 NORTH COLLEGE STREET
City-State-Zip: CHARLOTTE NC 28255

Title VICE PRESIDENT - TAX
Name STANDING RESOLUTIONS
Address 150 NORTH COLLEGE STREET
City-State-Zip: CHARLOTTE NC 28255