FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jun 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 832307 (3)

1. Corporation Name

NATIONSCREDIT CONSUMER CORPORATION

Principal Place of Business	Mailing Address
1105 HAMILTON STREET ALLENTOWN, PA. 18101 U.S.	1105 HAMILTON STREET ALLENTOWN, PA. 18101 U.S.

2. Principal Place of Business: 21 225 E JOHN CARPENTER FREEWAY	2a. Mailing Address: 26 CANTERBURY GREEN
Suite, Apt. #, etc.: 22 SUITE 1000	Suite, Apt. #, etc.: 27 201 BROAD STREET
City & State: 23 IRVING, TX	City & State: 28 STAMFORD CT
Zip: 24 75062 Country: 25 U.S.	Zip: 29 06901 Country: 30 U.S.

3. Date Incorporated or Qualified: 04/26/1974
3a. Date of Last Report: 05/01/1996
4. FEI Number: 58-0538405 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH 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 85 Zip Code

200002222202
~~06/25/97--01005--006~~
***550.00 FL

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P ☒ DELETE	1.1 TITLE	P/D ☐ Change ☒ Add
NAME	CRAFT, DENNIS L	1.2 NAME	SESSOMS, BOBBY D
STREET ADDRESS	4520 ALEXANDRA DRIVE	1.3 STREET ADDRESS	LAKE SHORE APTS., APT. 6012
CITY-ST-ZIP	COLLEGEVILLE, TX	1.4 CITY-ST-ZIP	IRVING, TX 75039
TITLE	V ☒ DELETE	2.1 TITLE	V ☐ Change ☒ Add
NAME	BALASCKI, PAUL D	2.2 NAME	HOFF, ALAN M
STREET ADDRESS	4410 SPRUCE STREET	2.3 STREET ADDRESS	20 SPLIT LEVEL ROAD
CITY-ST-ZIP	WHITEHALL PA	2.4 CITY-ST-ZIP	RIDGEFIELD CT 06877
TITLE	AV ☒ DELETE	3.1 TITLE	EVP/D ☐ Change ☒ Add
NAME	BODNAR, STEPHEN A	3.2 NAME	CUTRONA, JOSEPH P
STREET ADDRESS	930 N MUHLENBERG STREET	3.3 STREET ADDRESS	2612 SHADOW RIDGE DRIVE
CITY-ST-ZIP	ALLENTOWN PA	3.4 CITY-ST-ZIP	ARLINGTON, TX 76006
TITLE	VT ☐ DELETE	4.1 TITLE	VT ☒ Change ☐ Add
NAME	ANGELILLI, LAWRENCE	4.2 NAME	ANGELILLI, LAWRENCE
STREET ADDRESS	2078 DENNIS LANE	4.3 STREET ADDRESS	4504 STANHOPE AVE
CITY-ST-ZIP	FOGELSVILLE, PA	4.4 CITY-ST-ZIP	DALLAS, TX 75205
TITLE	SVS ☒ DELETE	5.1 TITLE	SVP ☐ Change ☒ Add
NAME	PAGAN, CARMEN V	5.2 NAME	STOCKTON, JOHN B.
STREET ADDRESS	2243 OAKWOOD CT	5.3 STREET ADDRESS	5 INDIAN TRAIL
CITY-ST-ZIP	FOGELSVILLE PA	5.4 CITY-ST-ZIP	HARRISON, NY 10528
TITLE	AS ☒ DELETE	6.1 TITLE	AS ☐ Change ☒ Add
NAME	LUTZ, LISA A	6.2 NAME	KIRK, PAMELLA
STREET ADDRESS	343 LUELLA DR	6.3 STREET ADDRESS	1603 SOUTH ADAMS STREET
CITY-ST-ZIP	KUTZTOWN PA	6.4 CITY-ST-ZIP	FORT WORTH TX 76104

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.

SIGNATURE: [signature] ALAN M HOFF 6/16/97 (203)352-4083