May 10, 1999 8:00 am Secretary of State

05-10-1999 90193 001 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 832307

1. Corporation	on Name										
NATIONSBANC FINANCIAL SERVICES CORPORATION											
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Principal Plac	e of Rusiness		ailing Address) (08/10) toldo (11/10 4/100) (11/10	LUIU IEU EIUI E	leli albil eleri	AHAN CHON ICON
225 E JOHN CARPENTER FREEWAY CANTERBURY GREEN SUITE 1000 201 BROAD STREET							İ				
IRVING TX 75062 STANFORD CT 06901								DO NOT WE	RITE IN THIS	SPACE	
US STATE OF							ł	3. Date Incorporated or Qualife			
							- 1	05/07/1974	•		
2. Principal F	Place of Business	2a.	Mailing Addre	ss				4. FEI Number			pplied For
21		26	10301 E		od Da	-1- D1-	اند	58-0538405		⊢ -+-	ot Applicable
Suite, Apt.	# etc.	ZU .	Suite, Apt. #.		ou ra	TK DI	va.	30 0300403			Additional
22			27 FL9-016-02-15					5. Certifcate of Status Desired			equired
City & State			City & State					C Floring Compains Financia			
23			Jacksonville, FL					Election Campaign Financing Trust Fund Contribution	, 🗆		May Be to Fees
Zip	Country	120	Zip		Country				-4		lo rees
24	25	29	32256	30	¬ ′			This corporation owes the cu Personal Property Tax.	rrent year int	angibie ∐Yes	□No
Z* 	9. Name and Address of Current				U COM			10. Name and Address of New	Panistored		
	DI VIANIO AND PRADIOSO DI CONTONI	rivegio	o.cu Agent		81	Name		10. Name and Address of New	Registered	- gent	
СТ	CORPORATION SYSTEM					I valino				_	
	SOUTH PINE ISLAND ROAD				82	82 Street Address (P.O. Box Number is Not Acceptable)					
	NTATION FL 33324				-						
					83	ļ					
					84	City				85 Zip	Code
					_{		_		FL		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 60	7.1508, Florida	a Statutes,	, the above	e-named c	corpora	ation submits this statement for the	e purpose of	changing it	registered
OHICE OF I	egistered agent, or pour, in the state of	n Floriu	a. Such change	e was auur	IONZEU DV		rations	s poard of directors, I hereby acce	эрт ше арроп	ilment as re	gisterea
agent. I a	m familiar with, and accept the obligati	ions oi,	Section 607.05	505, Florida	a Statutes	i		•			-
-	ım ıamınar witn, and accept the obligati	ions oi,	Section 607.05	505, Florida	a Statutes	i.		·			
SIGNATURE	Signature, typed or printed name of registered agent	and title if	Section 607.05	505, Florida	a Statutes		quired wi	hen reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if	Section 607.05 applicable.	(NOTE: Re	a Statutes		quired wi	nen reinstating) ADDITIONS/CHANGES TO O			
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if	Section 607.05	(NOTE: Re	a Statutes		quired wi			D DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND PD SESSOMS, BOBBY D	and title if	Section 607.05 applicable.	(NOTE: Re	a Statutes		quired wi				
SIGNATURE 12.	Signature, typed of printed name of registered agent OFFICERS AND PD SESSOMS, BOBBY D LAKE SHORE APTS., APT. 6012	and title if	Section 607.05 applicable.	(NOTE: Re	a Statutes egistered Agen 13. 1.1 TITLE	nt signature rec	quired wi				
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SIGNATURE 12. TITLE NAME SIREET ADDRESS CITY-ST-ZIP	Signature, typed of printed name of registered agent OFFICERS AND PD SESSOMS, BOBBY D LAKE SHORE APTS., APT. 6012	and title if	applicable. CTORS	(NOTE: Re	a Statutes a Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 14 CITY-S'	nt signature rec	quired wi			☐ Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD SESSOMS, BOBBY D LAKE SHORE APTS., APT. 6012 IRVING TX 75039 V	and title if	applicable. CTORS	(NOTE: Re	a Statutes gistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	nt signature rec	quired wi	ADDITIONS/CHANGES TO O		☐ Change	☐ Addition
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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, with all other like empowered.

SIGNATURE:

TUREAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 Date

Daytime Phone #

CR2E034 (11/08)

535433-90193-1

NationsCredit Financial Services Corporation 832307 (North Carolina)

PRINCIPAL OFFICERS AND DIRECTORS

DIRECTORS

Business Address

William M. Ross Director 10401 Deerwood Park Boulevard

Jacksonville, FL 32256

Robert J. Holz Director 225 E. John Carpenter Freeway

Irving, TX 75062

OFFICERS

Business Address

William M. Ross President 10401 Deerwood Park Boulevard

Jacksonville, FL 32256

Robert J. Holz Vice President and Secretary 225 E. John Carpenter Freeway

Irving, TX 75062

Jesse K. Bray Senior Vice President

225 E. John Carpenter Freeway

Irving, TX 75062

and Treasurer

James B. Dodd

10401 Deerwood Park Boulevard

Jacksonville, FL 32256

Monica E. Windham Vice President

Vice President

10301 Deerwood Park Boulevard

Jacksonville, FL 32256

Charlene A. Tolar Assistant Secretary 225 E. John Carpenter Freeway

Irving, TX 75062

Valerie L. Alexander Assistant Secretary 10401 Deerwood Park Boulevard

Jacksonville, FL 32256