

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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90027 033 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** *L 77611*

1. Corporation Name  
 NAL ACCEPTANCE CORPORATION

Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 6/1/90

4. FEI Number  
 59-3010303

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business	2a. Mailing Address
21 5217 Coconut Creek Pkwy. Suite, Apt. #, etc.	26 11825 N. Pennsylvania St. Suite, Apt. #, etc.
22 City & State 23 Margate, FL	27 Dept. A2A 28 Carmel, IN
24 Zip Country 33063 US	29 Zip Country 46032 US

**9. Name and Address of Current Registered Agent**

R.K. Kennon Jones, Esq.  
 5217 Coconut Creek Pkwy.  
 Margate, FL 33063

**10. Name and Address of New Registered Agent**

81 Name \_\_\_\_\_

82 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

83 \_\_\_\_\_

84 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dyer, William B.
1.3 STREET ADDRESS	5217 Coconut Creek Pkwy.
1.4 CITY-ST-ZIP	Margate, FL 33063
2.1 TITLE	COBD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Larkin, James J.
2.3 STREET ADDRESS	11825 N. Pennsylvania Street
2.4 CITY-ST-ZIP	Carmel, IN 46032
3.1 TITLE	VPSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Combs, Andrew S.
3.3 STREET ADDRESS	745 Fifth Avenue, Suite 2700
3.4 CITY-ST-ZIP	New York, NY 10151
4.1 TITLE	VPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Haseley, Timothy W.
4.3 STREET ADDRESS	11825 N. Pennsylvania Street
4.4 CITY-ST-ZIP	Carmel, IN 46032
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Bonnet, Michael F.
5.3 STREET ADDRESS	745 Fifth Avenue, Suite 2700
5.4 CITY-ST-ZIP	New York, NY 10151
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *James J. Larkin* James J. Larkin 4/23/99 (317)817-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

NAL Acceptance Corporation

553466-90027-33

OFFICERS and DIRECTORS

L77611

<u>Name and Address</u>	<u>Office</u>
William B. Dyer 5217 Coconut Creek Pkwy. Margate, FL 33063	Director, President and Chief Executive Officer
James J. Larkin 11825 N. Pennsylvania Street Carmel, IN 46032	Director and Chairman of the Board
Andrew S. Combs 745 Fifth Avenue, Suite 2700 New York, NY 10151	Director, Vice President, Chief Operating Officer and Secretary
Timothy W. Haseley 11825 N. Pennsylvania Street Carmel, IN 46032	Vice President, Chief Financial Officer and Treasurer
Michael F. Bonnet 745 Fifth Avenue, Suite 2700 New York, NY 10151	Director