



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **85687** 2. Name of Corporation **Rhode Island/EquiCredit Corporation**
3. Street Address Princip **NC1-021-03-09** City **Charlotte** State **NC** Zip **28255**
4. Business Phone No. **704-331-3352** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6148**

7. Brief Description of the Character of Business Conducted in Rhode Island
Consumer Finance

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Harold Lewis** Vice President Name **Duane L. Smith**
Street Address **Street Address**
City **City** State **State** Zip **Zip**

Secretary Name **James B. Dodd** Treasurer Name **Michael E. Franz**
Street Address **Street Address**
City **City** State **State** Zip **Zip**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **James B. Dodd** Director Name **Kenneth F. Jones**
Street Address **Street Address**
City **City** State **State** Zip **Zip**

Director Name **William M. Ross** Director Name **Street Address**
Street Address **City** State **State** Zip **Zip**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES **NONE** ISSUED SHARES **NONE**
Number of Shares **10,000 SHS \$1.00 PAR VAL** Class/Series **Par Value** Number of Shares **Class/Series** Par Value

company merged effective 11-30-99

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 5 6 8 7 *

File Date: **2-28-00**
Check No. **0003660748**
By: **RP**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Duane L. Smith **2-18-00**
Signature of Officer Date
Duane L. Smith
Print or Type Name of Officer
SVP
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **85687** 2. Name of Corporation **Rhode Island/EquiCredit Corporation**
3. Street Address Principal Business Office **10401 Deerwood Park Blvd.** City **Jacksonville** State **FL** Zip **32256**
4. Business Phone No. **(904) 457-5000** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6148**

7. Brief Description of the Character of Business Conducted in Rhode Island
Mortgage Lending/Credit Life Insurance

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name William M. Ross Street Address 10401 Deerwood Park Blvd. City Jacksonville State FL Zip 32256	Vice President Name James B. Dodd Street Address 10401 Deerwood Park Blvd. City Jacksonville State FL Zip 32256
Secretary Name James B. Dodd Street Address 10401 Deerwood Park Blvd. City Jacksonville State FL Zip 32256	Treasurer Name Michael E. Franz Street Address 10401 Deerwood Park Blvd. City Jacksonville State FL Zip 32256

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name William M. Ross Street Address 10401 Deerwood Park Blvd. City Jacksonville State FL Zip 32256	Director Name James B. Dodd Street Address 10401 Deerwood Park Blvd. City Jacksonville State FL Zip 32256
Director Name Kenneth F. Jones Street Address 10401 Deerwood Park Blvd. City Jacksonville State FL Zip 32256	

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
10,000 SHS \$1.00 PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
5,000 None \$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 5 6 8 7 *

File Date: **03-31-99**

Check No.: **2943641**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **[Signature]** Date **March 17, 1999**

James B. Dodd

Print or Type Name of Officer

Vice President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No

85687

2. Name of Corporation

Rhode Island/EquiCredit Corporation

3. Street Address Principal Business Office

10401 Deerwood Park Blvd.

City

Jacksonville

State

FL

Zip

32256

4. Business Phone No

904/987-5000

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6148

7. Brief Description of the Character of Business Conducted in Rhode Island

Mortgage Lending/Credit Life Insurance

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

Rodolfo F. Engmann

Vice President Name

James B. Dodd

Street Address

10401 Deerwood Park Blvd.

Street Address

10401 Deerwood Park Blvd.

City State Zip
Jacksonville FL 32256

City State Zip
Jacksonville FL 32256

Secretary Name

James B. Dodd

Treasurer Name

Michael E. Franz

Street Address

10401 Deerwood Park Blvd.

Street Address

10401 Deerwood Park Blvd.

City State Zip
Jacksonville FL 32256

City State Zip
Jacksonville FL 32256

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

Rodolfo F. Engmann

Director Name

James B. Dodd

Street Address

10401 Deerwood Park Blvd.

Street Address

10401 Deerwood Park Blvd.

City State Zip
Jacksonville FL 32256

City State Zip
Jacksonville FL 32256

Director Name

Kenneth F. Jones

Director Name

None

Street Address

10401 Deerwood Park Blvd.

Street Address

City State Zip
Jacksonville FL 32256

City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

10,000 SHS \$1.00 PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

5,000

None

\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 5 6 8 7 *

File Date: 3-20-98

Check No. 150328

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

James B. Dodd

Print or Type Name of Officer

Vice President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02904-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

85687

2. Name of Corporation

Rhode Island/EquiCredit Corporation

3. Street Address Principal Business Office

300 Centerville Road, #210

City

Warwick

State

RI

Zip

11590

4. Business Phone No.

401-732-5125

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6148

7. Brief Description of the Character of Business Conducted in Rhode Island

Mortgage Lending

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

Jeffrey C. Larsen

Vice President Name

Charles H. Wallace, Jr.

Street Address

10410 Deerwood Park Blvd.

Street Address

10401 Deerwood Park Blvd.

City

Jacksonville

State

FL

Zip

32256

City

Jacksonville

State

FL

Zip

32256

Secretary Name

Stephen R. Veth

Treasurer Name

Thomas C. Antoine

Street Address

10401 Deerwood Park Blvd.

Street Address

10401 Deerwood Park Blvd.

City

Jacksonville

State

FL

Zip

32256

City

Jacksonville

State

FL

Zip

32256

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

Jeffrey C. Larsen

Director Name

Terence G. Vane, Jr.

Street Address

10401 Deerwood Park Blvd.

Street Address

10401 Deerwood Park Blvd.

City

Jacksonville

State

FL

Zip

32256

City

Jacksonville

State

FL

Zip

32256

Director Name

Charles H. Wallace, Jr.

Director Name

Street Address

Street Address

10401 Deerwood Park Blvd.

City

City

Jacksonville

State

FL

Zip

32256

State

FL

Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

10,000 SHS \$1.00 PAR VAL

ISSUED SHARES

Number of Shares

Class/Series

Par Value

5,000

Common

\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 5 6 8 7 *

File Date: 01/21/97

Check No. 22079

By: GAP/WK
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

By: Charles H. Wallace, Jr.
Signature of Officer

01/21/97

Date

Charles H. Wallace, Jr. Executive Vice Pres.

Print or Type Name of Officer

Executive Vice President

Title of Officer

PROFIT CORPORATION
ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 85687
2. NAME OF CORPORATION Rhode Island/EquiCredit Corporation
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 300 Centreville Road #210
CITY warwick STATE RI ZIP CODE 02886-0200
4. BUSINESS PHONE NO. 401-732-0108
5. STATE OF INCORPORATION RHODE ISLAND
6. SIC CODE 6148
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Mortgage lending

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME			VICE PRESIDENT NAME		
John T. Hayt			Charles H. Wallace, Jr.		
STREET ADDRESS			STREET ADDRESS		
1801 Art Museum Drive			1801 Art Museum Drive		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Jacksonville	Florida	32207	Jacksonville	Florida	32207
SECRETARY NAME			TREASURER NAME		
Stephen R. Veth			Thomas C. Antoine		
STREET ADDRESS			STREET ADDRESS		
1801 Art Museum Drive			1801 Art Museum Drive		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Jacksonville	Florida	32207	Jacksonville	Florida	32207

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME			DIRECTOR NAME		
John T. Hayt			Charles H. Wallace, Jr.		
STREET ADDRESS			STREET ADDRESS		
1801 Art Museum Drive			1801 Art Museum Drive		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Jacksonville	Florida	32207	Jacksonville	Florida	32207
DIRECTOR NAME			DIRECTOR NAME		
Stephen R. Veth					
STREET ADDRESS			STREET ADDRESS		
1801 Art Museum Drive					
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Jacksonville	Florida	32207			

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
10,000 SHS	\$1.00 PAR VAL		5,000	Common	\$1.00

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

By: Stephen R. Veth
Signature of Officer

Stephen R. Veth
Print or Type Name of Officer

Sr. Vice President
Title of Officer

01/25/96
Date

File Date: 1/30/96

Check No: 60047237

By: [Signature]
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