


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 8:00 am**  
**Secretary of State**

01-22-2004 90001 018 \*\*\*150.00

**DOCUMENT # 821656**

1. Entity Name  
**UNITED STATES AUTO CLUB, MOTORING DIVISION, INC.**



Principal Place of Business  
**250 CARPENTER FREEWAY  
 IRVING, TX 75062 US**

Mailing Address  
**WANDA J. MURKERSON - CITIGROUP  
 290 E. CARPENTER FREEWAY H01 - 20  
 IRVING, TX 75062 US**

**24003233**

2. Principal Place of Business  
**105 Decker Dr 2 FL**

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.  
**PO Box 660460**

3. Mailing Address  
**Elvira Zavala - Citigroup**



01092004 Chg-P CR2E034 (10/03)

City & State  
**Irving TX**

City & State  
**Dallas TX**

Zip  
**75062**

Country  
**USA**

Zip  
**75266-0460**

Country  
**USA**

4. FEI Number  
**35-1142032**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Delete	TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CASH, STANLEY S		NAME Richard C. Walker	
STREET ADDRESS 6400 LAS COLNAS		STREET ADDRESS 1 Court Square	
CITY-ST-ZIP IRVING, TX 75039		CITY-ST-ZIP Long Island City NY 11120	
TITLE D S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DALY, TIMOTHY A		NAME	
STREET ADDRESS 250 CARPENTER FREEWAY		STREET ADDRESS	
CITY-ST-ZIP IRVING, TX 75062		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NEWMAN, ALLAN		NAME	
STREET ADDRESS 1 COURT SQUARE		STREET ADDRESS	
CITY-ST-ZIP ONG ISLAND CITY, NY		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NEWMAN, ALAN B		NAME Thomas Ostermann	
STREET ADDRESS 250 CARPENTER FREEWAY		STREET ADDRESS 105 Decker Dr 2 FL	
CITY-ST-ZIP IRVING, TX		CITY-ST-ZIP Irving TX 75062	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GREENE, PATRICK		NAME Jene' A. Vance	
STREET ADDRESS 250 CARPENTER FREEWAY		STREET ADDRESS 105 Decker Dr 2 FL	
CITY-ST-ZIP IRVING, TX 75062		CITY-ST-ZIP Irving TX 75062	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Thomas Ostermann - Vice President** **1-14-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #