

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90023 047 ***150.00


20030654



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 35-1142032	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # 821656
1. Entity Name
UNITED STATES AUTO CLUB, MOTORING DIVISION,
INC.



Principal Place of Business 105 DECKER DR. 2 FL IRVING, TX 75062 US	Mailing Address ELVIRA ZAVALA-CITI GROUP PO BOX 660460 DALLAS, TX 75266 US
---	---

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lisa Woodard 105 Decker Dr 2FL Irving TX 75062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALY, TIMOTHY A 250 CARPENTER FREEWAY IRVING, TX 75062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, ALLAN 1 COURT SQUARE ONG ISLAND CITY, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSTERMANN, THOMAS 105 DECKER DR. 2 FL IRVING, TX 75062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VANCE, JENE A 105 DECKER DR. 2 FL IRVING, TX 75062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 4-7-05 972-657-9572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #