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Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90059 042 ***550.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 822900

CITIGROUP - Wanda Murkerson
290 E Carpenter Freeway - HO1-20
Irving, TX 75062

1. Entity Name

ASSOCIATES CAPITAL SERVICES CORPORATION

DO NOT WRITE IN THIS SPACE

870258

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
250 E. Carpenter Freeway	Wanda J. Murkerson-Citigroup
Suite, Apt. #, etc.	Suite, Apt. #, etc. 290 E. Carpenter Freeway HO1-20
City & State: Irving, TX	City & State: Irving, TX
Zip: 75062 Country: USA	Zip: 75062 Country: USA

4. FEI Number: 35-1071117 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 S Pine Island Road

City: Plantation FL Zip Code: 33324

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.

SIGNATURE _____ DATE

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Director Roy Guthrie 250 Carpenter Irving TX 75062	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Director Stephen Costa 250 Carpenter Irving TX 75062	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Patrick Greene AVP/AS 250 Carpenter Irving TX 75062	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: P J Greene PATRICK J. GREENE ASS'T VICE PRESIDENT & ASS'T SECRETARY 6/13/02

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