FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

822819

(9)

ASSOCIATES COMMERCIAL CORPORATION

Г	ILED	
May 01	1996	8:00 am
Secret	ary of	State

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250 CARPENTER IRVING TX 7506 US		P O BOX 660237 CORP TAX DEPT DALLAS TX 75266-0237 US			Date Incorporated or Qualified 05/20/1969	3a. Date c	/12/199	5
	-(D	2a. Mailing Address			4. FEI Number			pplied For
Principal Place	of Business	26			35-1158885			ot Applicable
0 44 45 # 6	10	Suite, Apt. #, etc.	<u> </u>		\$8.75		Additional equired	
- Suite, Apt. #, e }	ec.	27						
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees			
]		28			Trust Fund Contribution This corporation has liability for its			
Zip	Country	Zip	Country	;	8. This corporation has liability for the Florida Statutes Yes	∏ No	. Brider 5	100.000,
	25	29	<u> [30]</u>		10. Name and Address of New R	legistered A	gent	
	9. Name and Address of Current f	Registered Agent	B1	Name	10.			
		_			D Al die is Not Associate	aba)		
THE PREN	ITICE-HALL CORPORATION SYS	STEM INC.	82	Street Ac	dress (P.O. Box Number is Not Acceptate	лс,		
1201 HAY	'S STREET		8:	3				
SUITE 108							85 Zip	o Code
TALLAHA!	SSEE FL 32301		8-		poration submits this statement for the purposed of directors. Thereby accept the app	FL	11	
SIGNATURE: SIGNATURE:	g was, spect or prioritinate of registered agrid at OFFICERS AND	DIRECTORS	13.		ADDITIONS CHANGES TO OF	DATE FICERS AND	DIRECTO	ORS IN 12
mile	n	☐ DELETE	1.1101	F		L		
NAME	LONGNECKER, CHESTER		1.2 NAM	1				
STREET ADDRESS	250 CARPENTER FREEWAY			ET ADDRESS				
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TITLE	AVS	☐ DELETE	2 1 (11)	ľ		-		
NAME	GREENE, P.J.		2.2 NAM	EET ADDRESS				
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TITLE	S THE THE STATE OF THE	_ KARA	3 2 NA1					
NAME	HAYES, TIMOTHY 250 CARPENTER FREEWAY		33 Sf	TEL ADDRESS				
STREET ADDRESS	IRVING TX		3 4 CH	Y-ST-ZIP			<u> </u>	Addition
CITY-ST-ZIP TITLE	TV	DELETE	4 1 11	LF			Change	Addition
NAME	HUGHES, J.F.		4.2 NA	dE				
STREET ADDRESS	250 CARPENTER FREEWAY		43 ST	REET ADDRESS				
CITY - ST - ZIP	IRVING TX			Y - S1 - ZIP			[] Change	☐ Additi
TITLE	PD	DELETE	5 t TI				9-	_
NAME	MARSHALL, H.D.		5 2 NA					
STREET ADDRESS	250 CARPENTER FREEWAY			REET ADDRESS				
CITY-ST-ZIP	IRVING TX	GZ COLUE		Y \$1-7P	Director/Exec VP & Control	ller	Change	e 💢 Addit
TITLE	D	X DELETE	6 1 Ti		Dennis J. Mandick			-
NAME	HUGHES, K.W.				250 Carpenter Freeway			
	250 CARPENTER FREEWAY			PERT MINIBERS				

I do hereby certify that the information supplied with this tring is worknown in the policy from an accurate and that my signature shall have the same logal effect as if made under certify that the information indicated on this annual report or supplierrental annual report is true and accurate and that my signature shall have the same logal effect as if made under certify that the information indicated on this annual report or supplierrental annual report is true and accurate and that my signature shall have the same logal effect as if made under certify that the information indicated on this annual report or supplierrental annual report is true and accurate and that my signature shall have the same logal effect as if made under certify that the information indicated on this annual report or supplierrental annual report is true and accurate and that my signature shall have the same logal effect as if made under certify that the information indicated on this annual report or supplierrental annual report is true and accurate and that my signature shall have the same logal effect as if made under certify that the information indicated on this annual report or supplierrental annual report is true and accurate and that my signature shall have the same logal effect as if made under certify that the information indicated on the same logal effect as if made under certificities and that my signature shall have the same logal effect as if made under certificities and that my signature shall have the same logal effect as if made under certificities and that my signature shall have the same logal effect as if made under certificities and the same logal effect as if made under certificities and that my signature shall have the same logal effect as if made under certificities and that my signature shall have the same logal effect as if made under certificities and that my signature shall have the same logal effect as if made under certificities and that my signature shall have the same logal effect as if made under certifici 4/25/96 (214) 541-4000

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR . Asst. VP & Asst. Secretary

Oaytine Picce #