

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90468 029 ***150.00

DOCUMENT # 822819

1. Entity Name

ASSOCIATES COMMERCIAL CORPORATION

Principal Place of Business

Mailing Address

**SUITE #210
 1900 SUMMIT TOWER BOULEVARD
 ORLANDO FL 32810
 US**

**SUITE #210
 1900 SUMMIT TOWER BOULEVARD
 ORLANDO FL 32810
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **35-1158885**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	COSTAS, STEPHEN J	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY-ST-ZIP	IRVING TX	
TITLE	AVS	<input checked="" type="checkbox"/> Delete
NAME	GREENE, P.J.	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY-ST-ZIP	IRVING TX	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LISKOW, FREDERIC C	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY-ST-ZIP	IRVING TX	
TITLE	TV	<input type="checkbox"/> Delete
NAME	HUGHES, J.F.	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY-ST-ZIP	IRVING TX	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PELKA, LAWRENCE J	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY-ST-ZIP	IRVING TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLETTEN, MICHAEL W	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY-ST-ZIP	IRVING TX	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AVP & ASec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael J. Frederick	
STREET ADDRESS	250 Carpenter Freeway	
CITY-ST-ZIP	Irving, TX 75062	
TITLE	Vice President & Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin J. Wong	
STREET ADDRESS	300 St. Paul Place	
CITY-ST-ZIP	Baltimore, MD 21202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ray A. Guthrie	
STREET ADDRESS	250 Carpenter Freeway	
CITY-ST-ZIP	Irving, TX 75062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Michael J. Frederick
 Ass't Vice President
 & Ass't Secretary

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