

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90017 045 ***150.00

DOCUMENT # **822845**

1. Corporation Name

ASSOCIATES FINANCIAL SERVICES COMPANY, INC.

Principal Place of Business

**% ASSOCIATES CORPORATION OF NORTH AMERICA
250 CARPENTER FREEWAY
DALLAS TX 75062**

Mailing Address

**P O BOX 660237
CORP TAX DEPT
DALLAS TX 7526--237
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1969

4. FEI Number

35-1158886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOT E. Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	JAMES S JOHNSON	250 CARPENTER FREEWAY	IRVING TX	<input checked="" type="checkbox"/>
AVS	GREENE, P.J.	250 CARPENTER FREEWAY	IRVING TX	<input type="checkbox"/>
DP	MARSHALL, HAROLD D.	250 CARPENTER FREEWAY	IRVING TX	<input checked="" type="checkbox"/>
VT	HUGHES, J.F.	250 CARPENTER FREEWAY	IRVING TX	<input type="checkbox"/>
S	HAYES, TIMOTHY	250 CARPENTER FREEWAY	IRVING TX	<input checked="" type="checkbox"/>
D	LONGNECKER, CHESTER	250 CARPENTER FREEWAY	IRVING TX	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	Nichols, R. Stephen			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
	Slone, Thomas R.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
	Silvey, Gary L.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
	Slone, Michael W.			<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with a different like employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM J. GREENE
ASST VICE PRESIDENT
& ASST SECRETARY

Date

Daytime Phone #

CR2E034 (11/98)

0542961