

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

**FILED**  
**May 01 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # 822900 (7)**

1. Corporation Name

**ASSOCIATES CAPITAL SERVICES CORPORATION**



Principal Place of Business

Mailing Address

% ASSOCIATES CORPORATION OF NORTH AMERICA  
250 CARPENTER FREEWAY  
IRVING TX 75062  
US

P O BOX 660237  
ORP TAX DEPT  
DALLAS TX 75266-0237  
US

3. Date Incorporated or Qualified  
**06/06/1969**

3a. Date of Last Report  
**04/12/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

**35-1071117**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	<b>D</b>	<b>LONGNECKER, CHESTER</b>	<b>250 CARPENTER FREEWAY</b>	
		<b>IRVING TX</b>		
	<b>AVS</b>	<b>GREENE, P.J.</b>	<b>250 CARPENTER FREEWAY</b>	
		<b>IRVING TX</b>		
	<b>S</b>	<b>HAYES, TIMOTHY</b>	<b>250 CARPENTER FREEWAY</b>	
		<b>IRVING TX</b>		
	<b>PD</b>	<b>MARSHALL, H.D.</b>	<b>250 CARPENTER FREEWAY</b>	
		<b>IRVING TX</b>		
	<b>D</b>	<b>HUGHES, K.W.</b>	<b>250 CARPENTER FREEWAY</b>	<input checked="" type="checkbox"/>
		<b>IRVING TX</b>		
	<b>TV</b>	<b>HUGHES, J.F.</b>	<b>250 CARPENTER FREEWAY</b>	
		<b>IRVING TX</b>		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Exec. VP & Controller/Director  
**Dennis J. Mandick**  
**250 Carpenter Freeway**  
**Irving, TX 75062**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Patrick J. Greene*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Patrick J. Greene, Asst. VP & Asst. Secretary**

**4/25/96**

Date

**(214) 541-4000**

Daytime Phone #

CR2E034 (12/95)