

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

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

04-27-1999 90017 025 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 822900**

1. Corporation Name

**ASSOCIATES CAPITAL SERVICES CORPORATION**

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/06/1969**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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 ☒ DELETE  
NAME **D LONGNECKER, CHESTER**  
STREET ADDRESS **250 CARPENTER FREEWAY**  
CITY-STATE-ZIP **IRVING TX**

TITLE ☐ DELETE  
NAME **AVS GREENE, P.J.**  
STREET ADDRESS **250 CARPENTER FREEWAY**  
CITY-STATE-ZIP **IRVING TX**

TITLE ☒ DELETE  
NAME **S HAYES, TIMOTHY**  
STREET ADDRESS **250 CARPENTER FREEWAY**  
CITY-STATE-ZIP **IRVING TX**

TITLE ☒ DELETE  
NAME **PD MARSHALL, H.D.**  
STREET ADDRESS **250 CARPENTER FREEWAY**  
CITY-STATE-ZIP **IRVING TX**

TITLE ☐ DELETE  
NAME **EVPD MANDICK, DENNIS J**  
STREET ADDRESS **250 CARPENTER FREEWAY**  
CITY-STATE-ZIP **IRVING TX**

TITLE ☐ DELETE  
NAME **TV HUGHES, J.F.**  
STREET ADDRESS **250 CARPENTER FREEWAY**  
CITY-STATE-ZIP **IRVING TX**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **Costas, Stephen J.**  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME **Liskow, Frederic C.**  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **Pelka, Lawrence J.**  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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 119, Florida Statutes; and that my name appears in Block 12 or Block 13 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

**DENNIS J. MANDICK**  
**ASST VICE PRESIDENT**  
**& ASST SECRETARY**

Date

Daytime Phone #

CR2E034 (1/98)