


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 822900		
1. Entity Name ASSOCIATES CAPITAL SERVICES CORPORATION		

FILED

05 JUL 14 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 250 EAST CARPENTER FREEWAY IRVING, TX 75062 US	Mailing Address C/O WANDA J. MURKERSON-CITIGROUP 290 EAST CARPENTER FREEWAY H01-20 IRVING, TX 75062 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07062005 REIN-P CR2E098 (6/04)

4. FEI Number 35-1071117		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	Asst. Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COSTAS, STEPHEN			NAME	Jason Marchese		
STREET ADDRESS	250 CARPENTER FREEWAY			STREET ADDRESS	3800 C. L. Bank Center		
CITY-ST-ZIP	IRVING, TX 75062			CITY-ST-ZIP	Tampa FL 33610		
TITLE	AVPS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREENE, PATRICK			NAME			
STREET ADDRESS	250 CARPENTER FREEWAY			STREET ADDRESS			
CITY-ST-ZIP	IRVING, TX 75062			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUTHRIE, ROY A			NAME			
STREET ADDRESS	250 CARPENTER FREEWAY			STREET ADDRESS			
CITY-ST-ZIP	IRVING, TX 75062			CITY-ST-ZIP			
TITLE	EVPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANDICK, DENNIS J			NAME			
STREET ADDRESS	250 CARPENTER FREEWAY			STREET ADDRESS			
CITY-ST-ZIP	IRVING, TX			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all the like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/5/05 8126040462