

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2006 8:00 am
Secretary of State

08-02-2006 90003 018 ***550.00

DOCUMENT # 822900

1. Entity Name
ASSOCIATES CAPITAL SERVICES CORPORATION



Principal Place of Business
250 EAST CARPENTER FREEWAY
IRVING, TX 75062 US

Mailing Address
~~C/O WANDA J. MURKERSON-CITIGROUP~~
~~290 EAST CARPENTER FREEWAY 101-20~~
~~IRVING, TX 75062 US~~

20051432

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
3800 Citigroup Center Dr.
 Suite, Apt. #, etc.
42-18
 City & State
Tampa, FL
 Zip
33610



07242006 Chg-P CR2E034 (11/05)

4. FEI Number
35-1071117

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COSTAS, STEPHEN	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY-ST-ZIP	IRVING, TX 75062	
TITLE	AVPS	<input type="checkbox"/> Delete
NAME	GREENE, PATRICK	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY-ST-ZIP	IRVING, TX 75062	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GUTHRIE, ROY A	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY-ST-ZIP	IRVING, TX 75062	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	MANDICK, DENNIS J	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY-ST-ZIP	IRVING, TX	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MARCHASE, JASON	
STREET ADDRESS	3800 C.L. SEALE CENTER	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 other like empowered.

SIGNATURE: JASON MARCHASE **JASON MARCHASE** 2/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #