

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Moriham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 824287 (7)

1. Corporation Name
AFSC AGENCY INC



Principal Place of Business: % ASSOCIATES CORPORATION OF NORTH AMERICA, 250 CARPENTER FREEWAY, IRVING TX 75062, US
Mailing Address: P O BOX 680237, CORPT AX DEPT, DALLAS TX 72566-0237, US

3. Date Incorporated or Qualified: 03/26/1970
3a. Date of Last Report: 04/12/1995
4. FEI Number: 35-1165874
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

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
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: _____ (NOTE: Registered Agent's signature required when re-stating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D GUTHRIE, ROY A	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 CARPENTER FREEWAY	1.2 NAME	
STREET ADDRESS	IRVING TX	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D ROSENTRAU, MICHAEL C	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 CARPENTER FREEWAY	2.2 NAME	
STREET ADDRESS	IRVING TX	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S HAYES, TIMOTHY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 CARPENTER FREEWAY	3.2 NAME	
STREET ADDRESS	IRVING TX	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	P MCQUILLAN, J. M.	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	250 CARPENTER FREEWAY	4.2 NAME	President/Director
STREET ADDRESS	IRVING TX	4.3 STREET ADDRESS	Timothy W. Bellows
CITY-ST-ZIP		4.4 CITY-ST-ZIP	250 Carpenter Freeway
TITLE	AVS GREENE, P.J.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 CARPENTER FREEWAY	5.2 NAME	
STREET ADDRESS	IRVING TX	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TV HUGHES, J.F.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 CARPENTER FREEWAY	6.2 NAME	
STREET ADDRESS	IRVING TX	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	President/Director
4.3 STREET ADDRESS	Timothy W. Bellows
4.4 CITY-ST-ZIP	250 Carpenter Freeway
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 04/25/96 (214) 541-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patrick J. Greene, Asst. VP & Asst. Secretary

CR2E034 (12/95)