

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

FILED
Mar 09 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 824287 (7)

1. Corporation Name
AFSC AGENCY INC



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| Principal Place of Business % ASSOCIATES CORPORATION OF NORTH AMERICA 250 CARPENTER FREEWAY IRVING TX 75062 US | Mailing Address P O BOX 660237 CORPT AX DEPT DALLAS TX 75266-0237 US |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|-----------------|------------------------|-----------------|---|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/26/1970 | |
| 21 Suite, Apt. #, etc. | 22 City & State | 26 Suite, Apt. #, etc. | 27 City & State | 4. FEI Number 35-1165874 | Applied For Not Applicable |
| 23 Zip | 25 Country | 28 Zip | 30 Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |

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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------|---|---|
| TITLE | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GUTHRIE, ROY A | 1.2 NAME | |
| STREET ADDRESS | 250 CARPENTER FREEWAY | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | IRVING TX | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSENTRAU, MICHAEL C | 2.2 NAME | |
| STREET ADDRESS | 250 CARPENTER FREEWAY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | IRVING TX | 2.4 CITY-ST-ZIP | |
| TITLE | S | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAYES, TIMOTHY | 3.2 NAME | |
| STREET ADDRESS | 250 CARPENTER FREEWAY | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | IRVING TX | 3.4 CITY-ST-ZIP | |
| TITLE | PD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TIMOTHY W. BELLWS | 4.2 NAME | |
| STREET ADDRESS | 250 CARPENTER FREEWAY | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | IRVING TX | 4.4 CITY-ST-ZIP | |
| TITLE | AVS | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GREENE, P.J. | 5.2 NAME | |
| STREET ADDRESS | 250 CARPENTER FREEWAY | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | IRVING TX | 5.4 CITY-ST-ZIP | |
| TITLE | TV | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUGHES, J.F. | 6.2 NAME | |
| STREET ADDRESS | 250 CARPENTER FREEWAY | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | IRVING TX | 6.4 CITY-ST-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 of the corporation and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: *P. Greene* **PATRICK J. GREENE**
ASST. VICE PRESIDENT & ASST. SECRETARY 2/28/98

CR2E034 (10/97)