

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90062 015 \*\*\*150.00

**DOCUMENT # 824287**

1. Entity Name  
**AFSC AGENCY INC**

Principal Place of Business <b>% ASSOCIATES CORPORATION OF NORTH AMERICA          250 CARPENTER FREEWAY          IRVING TX 75062          US</b>	Mailing Address <b>P O BOX 660237          CORPT AX DEPT          DALLAS TX 75266-0237          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>35-1165874</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

**6. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

**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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <del>MISNER, DONALD R JR</del>	
STREET ADDRESS <b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP <b>IRVING TX</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <del>ROSENTRAU, MICHAEL C</del>	
STREET ADDRESS <b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP <b>IRVING TX</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete
NAME <del>LISKOW, FREDERIC C</del>	
STREET ADDRESS <b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP <b>IRVING TX</b>	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <del>TIMOTHY W. BELLOWS-</del>	
STREET ADDRESS <b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP <b>IRVING TX</b>	
TITLE <b>AVS</b>	<input type="checkbox"/> Delete
NAME <del>GREENE, P.J.</del>	
STREET ADDRESS <b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP <b>IRVING TX</b>	
TITLE <b>TV</b>	<input type="checkbox"/> Delete
NAME <del>HUGHES, J.F.</del>	
STREET ADDRESS <b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP <b>IRVING TX</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DAVID A. BROOK</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DAVID A. BROOK</b>	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>MARK J. MORRISON</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARK J. MORRISON</b>	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>ATUL VOHRA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ATUL VOHRA</b>	
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	

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Patrick J. Greene* **PATRICK J. GREENE** **ASST. VICE PRESIDENT** **ASST. SECRETARY** **3/1/00** **(972) 452-4277**  
 Signature and Typed or Printed Name of Signer (Agent or Director) Date Daytime Phone #

CR2E034 (9/99)