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Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 827069 (6)

1. Corporation Name  
ASSOCIATES INFORMATION SERVICES, INC.



Principal Place of Business  
% ASSOCIATES CORPORATION OF NORTH AMERICA  
250 CARPENTER FREEWAY  
IRVING TX 75062  
US

Mailing Address  
P O BOX 660237  
CORP TAX DEPT  
DALLAS TX 75266-0237  
US

3. Date Incorporated or Qualified 11/22/1971  
3a. Date of Last Report 05/01/1996  
4. FEI Number 35-1187902  
Applied For Not Applicable  
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 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25  
2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Director
NAME	SWEET, LAWRENCE	1.2 NAME	Walter B. Copeland
STREET ADDRESS	1720 RUSKING STREET	1.3 STREET ADDRESS	250 Carpenter Frwy
CITY-ST-ZIP	SOUTHBEND IN	1.4 CITY-ST-ZIP	Irving, TX 75062
TITLE	D	2.1 TITLE	Harold D. Marshall
NAME	MCQUILLAN, JOSEPH	2.2 NAME	250 Carpenter Frwy
STREET ADDRESS	250 CARPENTER FREEWAY	2.3 STREET ADDRESS	Irving, TX 75062
CITY-ST-ZIP	IRVING TX	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
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	AVS	4.1 TITLE	
NAME	GREENE, P.J.	4.2 NAME	
STREET ADDRESS	250 CARPENTER FREEWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	4.4 CITY-ST-ZIP	
TITLE	TV	5.1 TITLE	
NAME	HUGHES, J.F.	5.2 NAME	
STREET ADDRESS	250 CARPENTER FREEWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	LONGENECKER, C.D.	6.2 NAME	
STREET ADDRESS	250 CARPENTER FREEWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	6.4 CITY-ST-ZIP	

14. I do 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 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* Patrick J. Greene Asst. VP & Asst. Secretary 04/20/97 (972) 652-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)