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Apr 27, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 827069

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 680237
CORP TAX DEPT
DALLAS TX 75266-0237
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1971

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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:

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COPELAND, WALTER B
250 CARPENTER FRWY
IRVING TX 75062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARSHALL, HAROLD D
250 CARPENTER FRWY
IRVING TX 75062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HAYES, TIMOTHY
250 CARPENTER FREEWAY
IRVING TX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE
AVS
GREENE, P.J.
250 CARPENTER FREEWAY
IRVING TX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE
TV
HUGHES, J.F.
250 CARPENTER FREEWAY
IRVING TX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ DELETE
D
LONGENECKER, C.D.
250 CARPENTER FREEWAY
IRVING TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

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☐ Change ☐ Addition

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 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, with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK J. GREENE
ASST VICE PRESIDENT
& ASST SECRETARY

Date

Daytime Phone #

CR2E034 (1/98)