

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 17, 2004 8:00 am**  
**Secretary of State**

06-17-2004 90002 027 \*\*\*550.00

**DOCUMENT # 827069**

1. Entity Name  
ASSOCIATES INFORMATION SERVICES, INC.



Principal Place of Business

250 E. CARPENTER FREEWAY  
IRVING, TX 75062 US

Mailing Address

WANDA J. MURKERSON--CITIGROUP  
290 E. CARPENTER FREEWAY H01-20  
IRVING, TX 75062 US

**54057766**



06072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
35-1187902

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CUTHRIE, ROY  
STREET ADDRESS 250 CARPENTER FREEWAY  
CITY-ST-ZIP IRVING, TX 75062

TITLE EVP  
NAME GOVER, HERBERT  
STREET ADDRESS 6400 LAS COLINAS  
CITY-ST-ZIP IRVING, TX 75038

TITLE D  
NAME WENTGEL, ERIC  
STREET ADDRESS 153 E 53RD  
CITY-ST-ZIP NEW YORK, NY 10043

TITLE AVP  
NAME CEENE, PATRICK  
STREET ADDRESS 250 CARPENTER  
CITY-ST-ZIP IRVING, TX 75062

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jason Marchese*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JASON MARCHESE - ASST TREASURER

Date

Daytime Phone #

(813) 604 0462

6/17/04