

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2006 8:00 am
Secretary of State

06-06-2006 90013 003 ***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
PAULA HAGA TAMPA MANCOSA
3800 CITIGROUP CENTER DR, BLDG G2-10
TAMPA, FL 33610 US

50021048



2. Principal Place of Business

3. Mailing Address

3800 CITIBANK CTN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05182006

Chg-P

CR2E034 (11/05)

City & State

City & State

TAMPA FL

4. FEI Number

35-1187902

Applied For

Not Applicable

Zip

Country

Zip

Country

33610

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. 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 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO ☐ Delete
NAME ALEMANY, ELLEN
STREET ADDRESS 250 CARPENTER FREEWAY
CITY-ST-ZIP IRVING, TX 75062

TITLE AS ☐ Change ☒ Addition
NAME JASON MANCOSA
STREET ADDRESS 3800 CITIBANK CTN
CITY-ST-ZIP TAMPA FL 33610

TITLE D ☐ Delete
NAME COOK, ROBERT G
STREET ADDRESS 6400 LAS COLINAS
CITY-ST-ZIP IRVING, TX 75038

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVPS ☐ Delete
NAME JOVEN, ROBERT W
STREET ADDRESS 250 E CARPENTER FREEWAY
CITY-ST-ZIP IRVING, TX 75062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVAS ☐ Delete
NAME ANDERSON, KERRY
STREET ADDRESS 250 CARPENTER
CITY-ST-ZIP IRVING, TX 75062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME HAGA, PAULA A
STREET ADDRESS 3800 CITIGROUP CENTER DR, BLDG G2-10
CITY-ST-ZIP TAMPA, FL 33610

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #