2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# 827069

Entity Name: ASSOCIATES INFORMATION SERVICES, INC.

Current Principal Place of Business:

250 E. CARPENTER FREEWAY
IRVING, TX 75062 US

New Principal Place of Business:

3950 REGENT
IRVING, TX 75063 US

Current Mailing Address:

C/O LICENSING
P.O. BOX 31226
TAMPA, FL 33631 US

New Mailing Address:

C/O LICENSING
P.O. BOX 30509
TAMPA, FL 33631 US

FEI Number: 35-1187902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHNEIDER, JAMES W
Address: 300 ST PAUL PLACE
City-St-Zip: BALTIMORE, MD 21202

Title: AS ( ) Delete
Name: MARCNESE, JASON
Address: 3800 CITIGROUP CENTER DR
City-St-Zip: TAMPA, FL 33610

Title: V ( ) Delete
Name: OVALLES, JOHN
Address: 3800 CITIGROUP CENTER DR
City-St-Zip: TAMPA, FL 33610

Title: T ( ) Delete
Name: SCHNEIDER, EDWARD J
Address: 300 ST. PAUL PL
City-St-Zip: BALTIMORE, MD 21202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change ( ) Addition
Name: HOFFMAN, LISA
Address: 3800 CITIGROUP CENTER DR
City-St-Zip: TAMPA, FL 33610

Title: VP (X) Change ( ) Addition
Name: MURPHY, JAMES
Address: 300 ST PAUL PLACE
City-St-Zip: BALTIMORE, MD 21202

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA HOFFMAN AS 04/28/2008

Electronic Signature of Signing Officer or Director — Date