

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90017 028 ***150.00

DOCUMENT # 8399999

1. Corporation Name

ASSOCIATES FINANCIAL SERVICES COMPANY OF ALABAMA, 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 75226-0237
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1978

4. FEI Number

35-6018699

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

30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE
NAME **D JOHNSON, JAMES S**
STREET ADDRESS **250 CARPENTER FREEWAY**
CITY-ST-ZIP **IRVING TX**

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

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

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

TITLE ☐ DELETE
NAME **PD SLONE, THOMAS R**
STREET ADDRESS **250 CARPENTER FREEWAY**
CITY-ST-ZIP **IRVING TX**

TITLE ☐ DELETE
NAME **D MIZE, KENNETH E**
STREET ADDRESS **250 CARPENTER FREEWAY**
CITY-ST-ZIP **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

Nichols, R. Stephen

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Liskow, Frederick

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

Stetten, Michael W.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 under Chapter 119, 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PATRICK J. GREENE
ASST VICE PRESIDENT
& ASST SECRETARY

4/19/99

CR2E034 (11/98)