

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **846920** (7)  
1. Corporation Name  
**ASSOCIATES COMMERCIAL CORPORATION OF DELAWARE**



Principal Place of Business Mailing Address  
**% ASSOCIATES CORPORATION OF NORTH AMERICA** **P O BOX 660237**  
**250 CARPENTER FREEWAY** **CORP TAX DEPT**  
**IRVING TX 75062** **DALLAS TX 75266-0237**  
**US** **US**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 28 Zip 29 Country 30

3. Date Incorporated or Qualified **09/09/1980** 3a. Date of Last Report **04/12/1995**  
4. FEI Number **35-1158888** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**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 or officer/director

(NOTE: Registered Agent signature required when re-registering)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>HAYES, TIMOTHY</b>	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP	<b>IRVING TX</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LONGNECKER, CHESTER</b>	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP	<b>IRVING TX</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HUGHES, K.W.</b>	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP	<b>IRVING TX</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>HUGHES, J. F.</b>	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP	<b>IRVING TX</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MARSHALL, H D</b>	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP	<b>IRVING TX</b>	
TITLE	<b>AVS</b>	<input type="checkbox"/> DELETE
NAME	<b>GREENE, P.J.</b>	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP	<b>IRVING TX</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Director/Exec. VP &amp; Controller</b>
3.3 STREET ADDRESS	<b>Dennis J. Mandick</b>
3.4 CITY-ST-ZIP	<b>250 Carpenter Freeway</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Patrick J. Greene, Asst. VP & Asst. Secretary**

4/25/96 (214) 541-4000

Date

Daytime Phone

CR2E034 (12/95)