

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 846920

1. Entity Name

ASSOCIATES COMMERCIAL CORPORATION OF DELAWARE

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90060 046 ***150.00

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	35-1158888	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISKOW, FREDERIC C	NAME	
STREET ADDRESS	250 CARPENTER FREEWAY	STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTAS, STEPHEN J	NAME	
STREET ADDRESS	250 CARPENTER FREEWAY	STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	CITY-ST-ZIP	
TITLE	DEVP <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS J. MANDICK	NAME	MICHAEL W. SLETTEN
STREET ADDRESS	250 CARPENTER FREEWAY	STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, J. F.	NAME	
STREET ADDRESS	250 CARPENTER FREEWAY	STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELKA, LAWRENCE J	NAME	
STREET ADDRESS	250 CARPENTER FREEWAY	STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	CITY-ST-ZIP	
TITLE	AVS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, PJ	NAME	
STREET ADDRESS	250 CARPENTER FREEWAY	STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:	PATRICK J. GREENE ASST VICE PRESIDENT ASST SECRETARY	Date	3/1/00	Daytime Phone #	(912) 652-6277
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CR2E034 (9/99)