

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 846920

1. Entity Name  
ASSOCIATES COMMERCIAL CORPORATION OF DELAWARE

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90302 030 \*\*\*150.00

Principal Place of Business  
%ASSOCIATES CORP OF N AMERICA  
250 CARPENTER FREEWAY  
IRVING TX 75062  
US

Mailing Address  
P O BOX 660237  
CORP TAX DEPT  
DALLAS TX 75266-0237  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-1158888**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LISKOW, FREDERIC C</b> <b>250 CARPENTER FREEWAY</b> <b>IRVING TX</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COSTAS, STEPHEN J</b> <b>250 CARPENTER FREEWAY</b> <b>IRVING TX</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SLETTEN, MICHAEL W</b> <b>250 CARPENTER FREEWAY</b> <b>IRVING TX</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>HUGHES, J. F.</b> <b>250 CARPENTER FREEWAY</b> <b>IRVING TX</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PELKA, LAWRENCE J</b> <b>250 CARPENTER FREEWAY</b> <b>IRVING TX</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVS</b> <b>GREENE, PJ</b> <b>250 CARPENTER FREEWAY</b> <b>IRVING TX</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President &amp; Secretary</b> <b>Martin S Wong</b> <b>300 St. Paul Place</b> <b>Baltimore, MD 21202</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President / Director</b> <b>Roy A. Guthrie</b> <b>250 carpenter freeway</b> <b>Irving, TX 75062</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVP &amp; ASec</b> <b>Michael J Frederick</b> <b>250 carpenter freeway</b> <b>Irving, TX 75062</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**Michael J. Frederick**  
**Ass't Vice President**  
**& Ass't Secretary**

Daytime Phone

CR2E034 (10/00)