FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:18

DOCUMENT # **F94000004430 (4)**

1. Corporation Name

ASSOCIATES FINANCIAL SERVICES COMPANY OF DELAWAR E, INC.

Principal Place of Business	Mailing Address
P.O. BOX 660237 DALLAS TX 75266-0237	P.O. BOX 660237 DALLAS TX 75266-0237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1994
3a. Date of Last Report:

2. Principal Place of Business — 21: 250 E. Carpenter Frwy.
22 Suite, Apt. #, etc.:
23 City & State: Irving, Tx.
24 Zip: 75062
25 Country: USA

2a. Mailing Address — 26:
27 Suite, Apt. #, etc: Crop. Tax Dept.
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 35-6018731 ☐ 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 ST., #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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	SLONE, THOMAS R	12 NAME		
STREET ADDRESS	250 CARPENTER FREEWAY	13 STREET ADDRESS		
CITY ST ZIP	IRVING TX 75062	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	FULLEN, H J	22 NAME		
STREET ADDRESS	250 CARPENTER FREEWAY	23 STREET ADDRESS		
CITY ST ZIP	IRVING TX 75062	24 CITY ST ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	HAYES, TIMOTHY M	32 NAME		
STREET ADDRESS	250 CARPENTER FREEWAY	33 STREET ADDRESS		
CITY ST ZIP	IRVING TX 75062	34 CITY ST ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	HUGHES, JOHN F	42 NAME		
STREET ADDRESS	250 CARPENTER FREEWAY	43 STREET ADDRESS		
CITY ST ZIP	IRVING TX 75062	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	COPELAND, WALTER B	52 NAME		
STREET ADDRESS	250 CARPENTER FREEWAY	53 STREET ADDRESS		
CITY ST ZIP	IRVING TX 75062	54 CITY ST ZIP		
TITLE		61 TITLE	AV/AS	☐ Change ☒ Addition
NAME		62 NAME	Patrick J. Greene	
STREET ADDRESS		63 STREET ADDRESS	250 E. Carpenter Frwy.	
CITY ST ZIP		64 CITY ST ZIP	Irving, Tx. 75062	

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)(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 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: Patrick J. Greene — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick J. Greene — Date: 3/31/95 — Daytime Phone #: 214-541-6577

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