

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

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**Mar 09 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P01441 (5)**  
 1. Corporation Name  
**ASSOCIATES RELOCATION MANAGEMENT COMPANY, INC.**



Principal Place of Business <b>% ASSOCIATES CORPORATION OF NORTH AMERICA          250 CARPENTER FREEWAY          IRVING TX 75062          US</b>	Mailing Address <b>P O BOX 660237          CORP TAX DEPT          DALLAS TX 75266-0237          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>03/30/1984</b>	4. FEI Number <b>84-0913622</b> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM INC.                  1201 HAYS STREET                  SUITE 105                  TALLAHASSEE FL 32301</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANDICK, DENNIS J</b>	1.2 NAME	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IRVING TX</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATSON, D.R.</b>	2.2 NAME	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IRVING TX</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARSHALL, HAROLD</b>	3.2 NAME	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IRVING TX</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUGHES, J.F.</b>	4.2 NAME	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IRVING TX</b>	4.4 CITY-ST-ZIP	
TITLE	<b>ASV</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENE, P.J.</b>	5.2 NAME	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IRVING TX</b>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAYES, TIMOTHY</b>	6.2 NAME	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IRVING TX</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is true and correct. I am the registered agent of this corporation and I am familiar with the information indicated on this annual report or supplemental report. I am also certifying 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 registered agent of 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 this report.

SIGNATURE: *[Signature]* **PATRICK J. GREENE**  
**ASST. VICE PRESIDENT & ASST. SECRETARY**  
 2/28/98

CR2E034 (10/97)