

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90019 008 ***550.00

DOCUMENT # P22175

1. Entity Name

ASSOCIATES/TRANS-NATIONAL LEASING, INC.



Principal Place of Business
250 CARPENTER FREEWAY
IRVING, TX 75062

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

54063895



07152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

94-3054235

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GUTHRIE, ROY A
STREET ADDRESS 250 CARPENTER FREEWAY
CITY-ST-ZIP IRVING, TX 75062

TITLE VPT
NAME HUGHES, JOHN
STREET ADDRESS 250 CARPENTER FREEWAY
CITY-ST-ZIP IRVING, TX

TITLE VPSD
NAME COSTAS, STEPHEN
STREET ADDRESS 250 CARPENTER FREEWAY
CITY-ST-ZIP IRVING, TX 75062

TITLE AVAS
NAME GREENE, PATRICK
STREET ADDRESS 250 CARPENTER FREEWAY
CITY-ST-ZIP IRVING, TX 75062

TITLE D
NAME COSTAS, STEPHEN J
STREET ADDRESS 250 CARPENTER FREEWAY
CITY-ST-ZIP IRVING, TX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address with an other line empowered.

SIGNATURE: *Jason Marentes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/04
Date

813 604 0962
Daytime Phone #