

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # S19893 1. Entity Name ASSOCIATES GROUP SERVICES, INC.	
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Principal Place of Business 3001 WESTON PARKWAY CARY, NC 27513	Mailing Address PO BOX 33068 RALEIGH, NC 27636-3068
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04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1724356	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BARHAM, BARTON J 4431 EMBARCADERO DR WEST PALM BEACH, FL 33407
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**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 \$150.00
After May 1, 2006 Fee will be \$550.00**

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

U00000524785
05/04/06-80005-005 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WRIGHT, ROBERT G. 3001 WESTON PARKWAY CARY, NC 27513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ELLIS, NICHOLAS L 3001 WESTON PKWY CARY, NC 27513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRD, MICHAEL N 3001 WESTON PWY CARY, NC 27513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, MARK S. 3001 WESTON PKWY CARY, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARHAM, BARTON J 4431 EMBARCADERO DR WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS COOK, RICHARD N 3001 WESTON PKWY CARY, NC 27513

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE: Richard N. Cook **Richard N. Cook** **4-10-06** **919-677-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #