2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S19893

1. Entity Name
ASSOCIATES GROUP SERVICES, INC.



FILED Apr 06, 2007 08:00 A Secretary of State

Principal Place of Business

3001 WESTON PARKWAY CARY, NC 27513

Mailing Address PO BOX 33068 RALEIGH, NC 27636-3068



DO NOT WRITE IN THIS SPACE

04022007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied For Not Applied For Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARHAM, BARTON J 4431 EMBARCADERO DR WEST PALM BEACH, FL 33407

DO NOT WRITE IN THIS SPACE

8. The above the obliga-	e named entity submits this statement for the pations of registered agent,	ourpose of changing its registe	red office or re	egistered agent, or bo	oth, in the State of Flori	da. I am familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Register	red Agent signature	raquired when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution				\$5.00 May Be Added to Fees	.		
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WRIGHT, ROBERT G. 3001 WESTON PARKWAY CARY, NC 27513			3 P	U0000C)0693370 ?-80037-018	100 70
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ELLIS, NICHOLAS L 3001 WESTON PKWY CARY, NC 27513				04/16/01	-80031-018	155.15
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRD, MICHAEL N 3001 WESTON PWY CARY, NC 27513			DO	NOT WI	RITE	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, MARK S. 3001 WESTON PKWY CARY, NC		t or j	IN T	THIS SPA	ACE	.1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARHAM, BARTON J 4431 EMBARCADERO DR WEST PALM BEACH, FL 33407						
NAME STREET ADDRESS CITY-ST-ZIP	.VS : COOK, RICHARD N .3001 WESTON PKWY CARY, NC. 27513	,				* p * e	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Richard N. Cook

4-2-07 919-677-20

Daylime Phone #