

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0015689 AF

DOCUMENT # M97000000749

1. Entity Name
ASSOCIATES HOUSING FINANCE, LLC

00 APR -5 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
250 CARPENTER FREEWAY
IRVING TX 75062

Mailing Address
% CORP. TAX DEPT.
PO BOX 660237
DALLAS TX 75266-0237



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Zip Country

4. FEI Number 75-2731850
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	250 CARPENTER FREEWAY		STREET ADDRESS	STEPHEN J. COSTAS	
CITY-ST-ZIP	IRVING TX 75062		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	250 CARPENTER FREEWAY		STREET ADDRESS		
CITY-ST-ZIP	IRVING TX 75062		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	250 CARPENTER FREEWAY		STREET ADDRESS		
CITY-ST-ZIP	IRVING TX 75062		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	FREDERIC C. LISKOW	
CITY-ST-ZIP			CITY-ST-ZIP	250 CARPENTER FRWY.	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	PATRICK J. GREENE	
CITY-ST-ZIP			CITY-ST-ZIP	250 CARPENTER FRWY.	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	MICHAEL W. SLETTEN	
CITY-ST-ZIP			CITY-ST-ZIP	250 CARPENTER FRWY.	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PATRICK J. GREENE VICE PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Date 3/1/00 Daytime Phone # (972) 652-6277

CR2E083 (9/99)