

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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 839999 (0)
1. Corporation Name
ASSOCIATES FINANCIAL SERVICES COMPANY OF ALABAMA
, INC.

Principal Place of Business % ASSOCIATES CORPORATION OF NORTH AMERICA 250 CARPENTER FREEWAY IRVING TX 75062 US	Mailing Address P O BOX 660237 CORP TAX DEPT DALLAS TX 75266-0237 US
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3. Date Incorporated or Qualified 02/10/1978	3a. Date of Last Report 05/01/1996
4. FEI Number 35-6018699	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

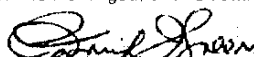
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COPELAND, WALTER	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY - ST - ZIP	IRVING TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAYES, TIMOTHY	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY - ST - ZIP	IRVING TX	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	HUGHES, J.F.	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY - ST - ZIP	IRVING TX	
TITLE	AVS	<input type="checkbox"/> DELETE
NAME	GREENE, P.J.	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY - ST - ZIP	IRVING TX	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SLONE, THOMAS R	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY - ST - ZIP	IRVING TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MIZE, KENNETH E.	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY - ST - ZIP	IRVING TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James S. Johnson	
1.3 STREET ADDRESS	250 Carpenter Freeway	
1.4 CITY - ST - ZIP	Irving, TX 75062	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick J. Greene Asst VP & Asst Secretary 04/20/97 (972) 652-4000

Date

Daytime Phone #

CR2E034 (9/96)