

852585

Document Number Only

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
Tel 850 222 1092
Fax 850 222 7615
Attn: Jeff Netherton

900003406709--1
-09/27/00--01068--021
*****35.00 *****35.00

CORPORATION(S) NAME

Associates Finance, Inc.

- | | | |
|----------------------------------------------|-------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input checked="" type="checkbox"/> Change |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:00 PM |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner RA
Updater Cheney
Verifier _____
Acknowledgement _____
W.P. Verifier _____

09/27/00

Order#:

Ref#:

Amount:\$

FILED
00 SEP 27 PM 2:32
RECEIVED
00 SEP 27 PM 1:12
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Illinois submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Associates Finance, Inc.
2. The mailing address of the corporation is: 250 Carpenter Frwy, Irving TX 75062
3. Date of incorporation/qualification: 04/14/82 Document number: 852585
4. The name and address of the current registered agent and office:

The Prentice-Hall Corporation System, Inc.
1201 Hayes St., Suite 105
Tallahassee, FL 32301

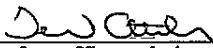
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

CT Corporation System
1200 South Pine Island Rd
Plantation, FL 33324

FILED
00 SEP 27 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

 09/12/00
(Signature of an officer, chairman or vice chairman of the board) (Date)

Terri Atteberry, Asst. Secretary 09/12/00
(Printed or typed name and title) (Date)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

 09/12/00
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Michael E. Jones Asst. Secretary
(Typed or Printed Name) (Capacity)

CR2E045(4/95)

FILING FEE: \$35.00