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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000001136 (9)**

1. Corporation Name
AMRESCO CAPITAL CORPORATION

Principal Place of Business	Mailing Address
1845 WOODALL RODGERS FREEWAY SUITE 1700 DALLAS TX 75201	1845 WOODALL RODGERS FREEWAY SUITE 1700 DALLAS TX 75201-2287

2. Principal Place of Business 21 700 N. Pearl Suite, Apt. #, etc. 22 Suite 2400, LB342 City, State 23 Dallas, TX Zip 24 75201 Country 25 USA	2a. Mailing Address 26 700 N. Pearl Suite, Apt. #, etc. 27 Suite 2400, LB342 City, State 28 Dallas, TX Zip 29 75201 Country 30 USA

3. Date Incorporated or Qualified: 03/09/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: 75-2535899 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	LUTZ, ROBERT H JR	1.2 NAME	
STREET ADDRESS	1845 WOODALL RODGERS FREEWAY, SUITE 1700	1.3 STREET ADDRESS	700 N. Pearl, Suite 2400, LB342
CITY-ST-ZIP	DALLAS TX 75201	1.4 CITY-ST-ZIP	Dallas, Tx 75201
TITLE	VD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	ADAIR, ROBERT L III	2.2 NAME	
STREET ADDRESS	1845 WOODALL RODGERS FREEWAY, SUITE 1700	2.3 STREET ADDRESS	700 N. Pearl, Suite 2400, LB342
CITY-ST-ZIP	DALLAS TX 75201	2.4 CITY-ST-ZIP	Dallas, Texas 75201
TITLE	VTD ☒ DELETE	3.1 TITLE	☒ Change ☒ Addition
NAME	EDWARDS, BARRY L	3.2 NAME	
STREET ADDRESS	1845 WOODALL RODGERS FREEWAY, SUITE 1700	3.3 STREET ADDRESS	700 N. Pearl, Suite 2400, LB342
CITY-ST-ZIP	DALLAS TX 75201	3.4 CITY-ST-ZIP	Dallas, Tx 75201
TITLE	CFO ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	EDWARDS, BARRY L	4.2 NAME	
STREET ADDRESS	1845 WOODALL RODGERS FREEWAY, SUITE 1700	4.3 STREET ADDRESS	700 N. Pearl, Suite 2400, LB342
CITY-ST-ZIP	DALLAS TX 75201	4.4 CITY-ST-ZIP	Dallas, Tx 75201
TITLE	P ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MABERRY, MICHAEL N	5.2 NAME	
STREET ADDRESS	1845 WOODALL RODGERS FREEWAY, SUITE 1700	5.3 STREET ADDRESS	700 N. Pearl, Suite 2400, LB342
CITY-ST-ZIP	DALLAS TX 75201	5.4 CITY-ST-ZIP	Dallas, Tx 75201
TITLE	V ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MORGANFIELD, MARK	6.2 NAME	
STREET ADDRESS	1845 WOODALL RODGERS FREEWAY, SUITE 1700	6.3 STREET ADDRESS	700 N. Pearl, Suite 2400, LB342
CITY-ST-ZIP	DALLAS TX 75201	6.4 CITY-ST-ZIP	Dallas, Tx 75201

CR2E034 (9/96)

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 added or on an attachment with an address.

SIGNATURE: J. Keith Blackwell 1/8/97 214/953-7810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #