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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000000383

1. Corporation Name

AMRESCO LEASING CORPORATION

Principal Place of Business
700 NORTH PEARL SUITE 2400
DALLAS TX 75201

Mailing Address
700 NORTH PEARL SUITE 2400
DALLAS TX 75201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 412 East ParkCenter Blvd.		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/22/1998	
Suite, Apt. #, etc. 22 Suite 300		Suite, Apt. #, etc. 27		4. FEI Number 33-0615788 82-0488537	
City & State 23 Boise, ID		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 83706		Zip 29 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 USA		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB	1.1 TITLE	
NAME	LUTZ, ROBERT H JR	1.2 NAME	
STREET ADDRESS	700 NORTH PEARL SUITE 2400	1.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75201	1.4 CITY-ST-ZIP	
TITLE	COOP	2.1 TITLE	
NAME	ADAIR, ROBERT L III	2.2 NAME	
STREET ADDRESS	700 NORTH PEARL SUITE 2400	2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75201	2.4 CITY-ST-ZIP	
TITLE	CFO	3.1 TITLE	
NAME	EDWARDS, BARRY L	3.2 NAME	
STREET ADDRESS	700 NORTH PEARL SUITE 2400	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75201	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	
NAME	ANDRUS, THOMAS J	4.2 NAME	
STREET ADDRESS	700 NORTH PEARL SUITE 2400	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75201	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	BROWN, RANDY E	5.2 NAME	
STREET ADDRESS	700 NORTH PEARL SUITE 2400	5.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75201	5.4 CITY-ST-ZIP	
TITLE	VGCS	6.1 TITLE	
NAME	BLACKWELL, L. K	6.2 NAME	
STREET ADDRESS	700 NORTH PEARL SUITE 2400	6.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75201	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. Keith Blackwell, General Counsel & Secretary

4/29/99

Date

214-953-7725

Daytime Phone #

CR2E034 (11/98)