FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 10: 18

DOCUMENT # J65078 (4)

1. Corporation Name

ASSOCIATES FIRST CAPITAL MORTGAGE CORPORATION

Principal Place of Business
% ASSOCIATES CORPORATION OF NORTH AMERICA
250 CARPENTER FREEWAY
DALLAS TX 75062

Mailing Address
% ASSOCIATES CORPORATION OF NORTH AMERICA
250 CARPENTER FREEWAY
DALLAS TX 75062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1987
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23 Irving, Tx.
Zip
24 75062
Country
25 USA

2a. Mailing Address
26 P.O. Box 660237
Suite, Apt. #, etc.
27 Corp. Tax Dept.
City & State
28 Dallas, Tx.
Zip
29 75266-0237
Country
30 USA

4. FEI Number: 06-1201788 ☐ 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

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

10. Name and Address of New Registered Agent

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 ______________________________ DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MANDICK, DENNIS J
STREET ADDRESS	250 CARPENTER FWY.
CITY ST ZIP	IRVING TX
TITLE	D
NAME	MARSHALL, HAROLD D
STREET ADDRESS	250 CARPENTER FWY.
CITY ST ZIP	IRVING TX
TITLE	PD
NAME	WATSON, DONALD R
STREET ADDRESS	250 CARPENTER FWY.
CITY ST ZIP	IRVING TX
TITLE	VT
NAME	HUGHES, JOHN F.
STREET ADDRESS	250 CARPENTER FWY.
CITY ST ZIP	IRVING TX
TITLE	S
NAME	HAYES, THOMAS
STREET ADDRESS	250 CARPENTER FREEWAY
CITY ST ZIP	IRVING TX
TITLE	AVS
NAME	GREENE, P.J.
STREET ADDRESS	250 CARPENTER FWY.
CITY ST ZIP	IRVING TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] Patrick J. Greene 3/31/95 214-541-6577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0473046 FP