

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

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Mar 09 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # J65078 (4)
1. Corporation Name
ASSOCIATES FIRST CAPITAL MORTGAGE CORPORATION



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| Principal Place of Business % ASSOCIATES CORPORATION OF NORTH AMERICA 250 CARPENTER FREEWAY IRVING TX 75062 US | Mailing Address P BOX 660237 CORP TAX DEPT DALLAS TX 75266-0237 US |
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DO NOT WRITE IN THIS SPACE

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| 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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|---|--------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified 04/02/1987 | 4. FEI Number 06-1201788 | 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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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 |
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| 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code |
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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 | |
|----------------------------|----------------|
| TITLE | NAME |
| NAME | STREET ADDRESS |
| CITY-ST-ZIP | |
| TITLE | NAME |
| NAME | STREET ADDRESS |
| CITY-ST-ZIP | |
| TITLE | NAME |
| NAME | STREET ADDRESS |
| CITY-ST-ZIP | |
| TITLE | NAME |
| NAME | STREET ADDRESS |
| CITY-ST-ZIP | |
| TITLE | NAME |
| NAME | STREET ADDRESS |
| CITY-ST-ZIP | |
| TITLE | NAME |
| NAME | STREET ADDRESS |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|-----------------|
| 1.1 TITLE | 1.2 NAME |
| 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP |
| 2.1 TITLE | 2.2 NAME |
| 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
| 3.1 TITLE | 3.2 NAME |
| 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
| 4.1 TITLE | 4.2 NAME |
| 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
| 5.1 TITLE | 5.2 NAME |
| 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
| 6.1 TITLE | 6.2 NAME |
| 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP |

14. I hereby certify that the information supplied with this filing is true and accurate. I am the President of the corporation and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate. Any 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 liquidator of the corporation as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this report.

SIGNATURE:  2/28/98

CR2E034 (10/97)