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04-27-1999

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L43257**

1. Corporation Name
ASSOCIATES HOME EQUITY LOAN CORPORATION



Principal Place of Business
**250 E CARPENTER FRWY
 CORP TAX DEPT
 IRVING TX 75062
 US**

Mailing Address
**P O BOX 660237
 CORP TAX DEPT
 DALLAS TX 75266-0237
 US**

DO NOT WRITE IN THIS SPACE

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 30

3. Date Incorporated or Qualified
01/18/1990

4. FEI Number
36-3689286

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 owes the current year intangible Personal Property Tax. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GOSS, GAYAN P	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY-ST-ZIP	IRVING TX	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	HUGHES, JOHN	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY-ST-ZIP	IRVING TX	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HAYES, TIMOTHY	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY-ST-ZIP	IRVING TX	
TITLE	AVS	<input type="checkbox"/> DELETE
NAME	GREENE, PATRICK	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY-ST-ZIP	IRVING TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOWLER, DANIEL H	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY-ST-ZIP	IRVING TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARSHALL, HAROLD	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY-ST-ZIP	IRVING TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rosen, Deborah L.
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Silvey, Gary L.
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Costas, Stephen J.
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Sletten, Michael W.
6.3 STREET ADDRESS	
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 provided 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 empowers.

SIGNATURE: *Patrick J. Greene*

PATRICK J. GREENE
 ASST VICE PRESIDENT & ASST SECRETARY
 4/19/99

CR2E034 (1/198)