

Document Number Only

L43257

C T CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, FL 32301 (850)222-1092  
City State Zip Phone

200003407172--8  
-09/28/00--01006--007  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

CORPORATION(S) NAME

EA  
Change

Associates Home Equity Loan Corporation

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Profit                        | <input type="checkbox"/> Amendment                  | <input type="checkbox"/> Merger                    |
| <input type="checkbox"/> NonProfit                     | <input type="checkbox"/> Dissolution/Withdrawal     | <input type="checkbox"/> Mark                      |
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Annual Report              | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Foreign                       | <input type="checkbox"/> Reservation                | <input checked="" type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Partnership           | <input type="checkbox"/> Photo Copies               | <input type="checkbox"/> Fictitious Name           |
| <input type="checkbox"/> Reinstatement                 | <input type="checkbox"/> CUS                        |  |
| <input type="checkbox"/> Limited Liability Partnership |   |  |
| <input type="checkbox"/> Certified Copy                |   |  |
| <input type="checkbox"/> Call When Ready               | <input checked="" type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30                |
| <input checked="" type="checkbox"/> Walk In            | <input type="checkbox"/> Will Wait                  | <input checked="" type="checkbox"/> Pick Up        |
| <input type="checkbox"/> Mail Out                      |   |  |

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00 SEP 27 PM 5:06  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Name	
Avallability	9/28/00
Document Examiner	DR
Updater	DR
Verifier	
Acknowledgment	
W.P. Verifier	

9/27

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THANKS  
CONNIE BRYAN

RECEIVED  
00 SEP 27 PM 4:12  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Florida Department of State, Sandra B. Mortham, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Associates Home Equity Loan Corporation
2. The mailing address of the corporation is: 250 Carpenter Frwy, Irving TX 75062
3. Date of incorporation/qualification: 01/18/90 Document number: L43257
4. The name and address of the current registered agent and office:

The Prentice-Hall Corporation System, Inc.

1201 Hayes St., Suite 105

Tallahassee, FL 32301

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

CT Corporation System

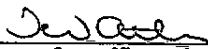
1200 South Pine Island Rd

Plantation, FL 33324

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00 SEP 27 PM 5:00  
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

  
(Signature of an officer, chairman or vice chairman of the board)

09/12/00  
(Date)

Terri Atteberry, Asst. Secretary

(Printed or typed name and title)

09/12/00  
(Date)

*Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.*

  
(Signature of Registered Agent)

09/12/00  
(Date)

If signing on behalf of an entity:

Michael E. Jones

(Typed or Printed Name)

Asst. Secretary

(Capacity)

CR2E045(4/95)

FILING FEE: \$35.00