

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000749

FILED
Apr 09, 2009
Secretary of State

Entity Name: ASSOCIATES HOUSING FINANCE, LLC

Current Principal Place of Business:

4000 REGENT BLVD
IRVING, TX 75063 US

New Principal Place of Business:

300 ST. PAUL PLACE
BALTIMORE, MD 21202 US

Current Mailing Address:

300 SAINT PAUL PLACE
BALTIMORE, MD 21202 US

New Mailing Address:

P.O. BOX 30509
TAX & REPORTING
TAMPA, FL 33631 US

FEI Number: 75-2731850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: FETNER, ROBERT S
Address: 4000 REGENT BLVD
City-St-Zip: IRVING, TX 75063

Title: S () Delete
Name: DAVIS, LINDA S
Address: 300 ST PAUL PL
City-St-Zip: BALTIMORE, MD 21202

Title: VP () Delete
Name: DAVIS, LINDA S
Address: 300 ST. PAUL PLACE
City-St-Zip: BALTIMORE, MD 21202

Title: AS () Delete
Name: CANEDY, K.A.
Address: 300 ST PAUL PL
City-St-Zip: BALTIMORE, MD 21202

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: FETNER, ROBERT
Address: 4000 REGENT BLVD
City-St-Zip: IRVING, TX 75063

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: HOFFMAN, LISA
Address: 3800 CITIGROUP CENTER DRIVE
City-St-Zip: TAMPA, FL 33610

Title: T () Change (X) Addition
Name: VERDESCHI, MICHAEL
Address: 153 CITIGROUP CENTER
City-St-Zip: NEW YORK, NY 10022

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LISA HOFFMAN

AS

04/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date