


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90010 005 ***150.00

DOCUMENT # P02190		
1. Entity Name ASSOCIATES FIRST CAPITAL MORTGAGE CORPORATION		

Principal Place of Business % ASSOCIATES CORP OF NORTH AMERICA 250 CARPENTER FWY. IRVING, TX 75062 US	Mailing Address 99 GARNSEY RD. PITTSFORD, NY 14534 US
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54036819

2. Principal Place of Business 1111 NORTHPOINT DR. Suite, Apt. #, etc.	3. Mailing Address 1111 NORTHPOINT DR Suite, Apt. #, etc.
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City & State COPPELL TX	City & State COPPELL TX
Zip 75019	Zip 75019
Country USA	Country USA



03292004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324	
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4. FEI Number 06-1052175	Applied For <input type="checkbox"/> Not Applicable
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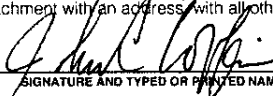
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVTD BECKMANN, WILLIAM 3 PADDINGTON RD. BRONXVILLE, NY 10708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARAVELLA, LISA 848 HAWK RUN TRAIL O FALLON, MO 63366 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COFFIN, JOHN R 117 RUSSET RD. STAMFORD, CT 06903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOREY, STEVE 17 EDMOND ST. DARIEN, CT 06820 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP KILE, REBECCA 132 BEAR CLAW DR. WENTZVILLE, MO 63385 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOWRY, STEVE 11204 SHERWOOD OAK CT. SAINT LOUIS, MO 63146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.	
SIGNATURE:  JOHN R. COFFIN	4/14/2004 203-975-6856
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>