


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02190</b> 1. Entity Name <b>ASSOCIATES FIRST CAPITAL MORTGAGE CORPORATION</b>	
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Principal Place of Business <b>1111 NORTHPOINT DR. COPELL, TX 75019 US</b>	Mailing Address <b>1111 NORTHPOINT DR. COPELL, TX 75019 US</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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04122005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>06-1052175</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVTD BECKMANN, WILLIAM 3 PADDINGTON RD. BRONXVILLE, NY 10708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARAVELLA, LISA 848 HAWK RUN TRAIL O FALLON, MO 63366
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COFFIN, JOHN R 117 RUSSET RD. STAMFORD, CT 06903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOREY, STEVE 17 EDMOND ST. DARIEN, CT 06820
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVP KILE, REBECCA 132 BEAR CLAW DR. WENTZVILLE, MO 63385
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LOWRY, STEVE 11204 SHERWOOD OAK CT. SAINT LOUIS, MO 63146

<p>000000329139 04/25/05-80105-018 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 SECRETARY 4/18/2005 263-975-6556  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

John R. Coffin