2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02190

1. Entity Name
ASSOCIATES FIRST CAPITAL MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
1111 NORTHPOINT DR. COPPELL, TX 75019 US	1111 NORTHPOINT DR. COPPELL, TX 75019 US

03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1052175
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000512897
04/29/06-80092-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	SVTD
NAME	BECKMANN, WILLIAM
STREET ADDRESS	3 PADDINGTON RD.
CITY-ST-ZIP	BRONXVILLE, NY 10708
TITLE	D
NAME	CARAVELLA, LISA
STREET ADDRESS	848 HAWK RUN TRAIL
CITY-ST-ZIP	O FALLON, MO 63366
TITLE	S
NAME	COFFIN, JOHN R
STREET ADDRESS	117 RUSSET RD.
CITY-ST-ZIP	STAMFORD, CT 06903
TITLE	D
NAME	GOREY, STEVE
STREET ADDRESS	17 EDMOND ST.
CITY-ST-ZIP	DARIEN, CT 06820
TITLE	AVP
NAME	KILE, REBECCA
STREET ADDRESS	132 BEAR CLAW DR.
CITY-ST-ZIP	WENTZVILLE, MO 63385
TITLE	VP
NAME	LOWRY, STEVE
STREET ADDRESS	11204 SHERWOOD OAK CT.
CITY-ST-ZIP	SAINT LOUIS, MO 63146

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] SECRETARY 3/29/2006 203-975-6856
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone Number