



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000020586		2. Name of Corporation ASSOCIATES FIRST CAPITAL MORTGAGE CORPORATION			
3. Street Address Principal Business Office 4000 REGENT BLVD			City IRVING	State TX	Zip 75063
4. Business Phone No. (813) 604-8115		5. State of Incorporation DELAWARE			
6. Brief Description of the Character of Business Conducted in Rhode Island MORTGAGE SERVICING ACTIVITIES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name THOMAS B BOLTON			Vice President Name LISA A HOFFMAN		
Street Address 1000 TECHNOLOGY DRIVE			Street Address 3800 CITIGROUP CENTER DRIVE		
City O'FALLON	State MO	Zip 63368	City TAMPA	State FL	Zip 33610
Secretary Name JEFFERY L BOYHER			Treasurer Name PAUL INCE		
Street Address 1000 TECHNOLOGY DRIVE			Street Address 1000 TECHNOLOGY DRIVE		
City O'FALLON	State MO	Zip 63368	City O'FALLON	State MO	Zip 63368
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name THOMAS B BOLTON			Director Name MATTHEW T CELONE		
Street Address 1000 TECHNOLOGY DRIVE			Street Address 6400 LAS COLINAS BLVD		
City O'FALLON	State MO	Zip 63368	City IRVING	State TX	Zip 75039
Director Name MICHAEL B MCWHORTER			Director Name NONE		
Street Address 6400 LAS COLINAS BLVD			Street Address		
City IRVING	State TX	Zip 75039	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 1,000	Class/Series COMMON	Par Value 100.00
			THIS SECTION MUST BE COMPLETED		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date: JAN 31 2012
 Check No. 5113430303
 By: _____
 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature: [Signature] Date: 1-30-12
 LISA A HOFFMAN
 Print or Type Name
 VICE PRESIDENT
 Title