No. W 5001	ı	Due no later than Nov 30, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ASSOCIATE TAX AND F PO BOX 305	1. Mailing Address: Correct in this box if needed. ASSOCIATES HOUSING FINANCE, LLC TAX AND REPORTING PO BOX 30509 TAMPA FL 33631		BOISE ID 83705 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Addres	sses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER THOMAS	HARRIS	99 WOOD AVENUE S	ISELIN	NJ		08830	
MANAGER KIMBERL	Y SHERRILL	1 COURT SQUARE	LONG ISLAND CITY	NY	USA	11101	
5. Organized Under the Laws of:	6. Annual Rep	ort must be signed.*					
DE Signature		LISA A. HOFFMAN	Date: 10/19	Date: 10/19/2015			
W 5001 Name (ty		or print): LISA A. HOFFMAN	Title: ASSISTANT SECRETARY				
Processed 10/19/2015	* Electronically	* Electronically provided signatures are accepted as original signatures.					