FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000302 (8)

1. Corporation Name
METLIFE CAPITAL FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
3050 POST OAK BLVD. SUITE 500 HOUSTON TX 77056	3050 POST OAK BLVD. SUITE 500 HOUSTON TX 77056

2. Principal Place of Business	2a. Mailing Address
21 15915 Katy Freeway	26 15915 Katy Freeway
Suite, Apt. #, etc. 22 #150	Suite, Apt. #, etc. 27 #150
City & State 23 Houston, TX	City & State 28 Houston, TX
Zip 24 77094 Country 25	Zip 29 77094 Country 30

3. Date Incorporated or Qualified: 01/19/1995
3a. Date of Last Report: n/a
4. FEI Number: 76-0411394 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	☐ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	WATERFIELD, WILLIAM M		1.2 NAME	
STREET ADDRESS	10900 N.E. 4TH ST., #500		1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE WA 98004		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WORTHEN, LLOYD R		2.2 NAME	
STREET ADDRESS	10900 N.E. 4TH ST., #500		2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE WA 98004		2.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	3.1 TITLE	V/T/S ☒ Change ☐ Addition
NAME	REINER, JOHN J		3.2 NAME	
STREET ADDRESS	3050 POST OAK BLVD., #500		3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77056		3.4 CITY-ST-ZIP	
TITLE	V	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DERITIS, MARK C		4.2 NAME	
STREET ADDRESS	10900 N.E. 4TH ST., #500		4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE WA 98004		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	D/C ☒ Change ☐ Addition
NAME	MORRISON, JOHN C JR		5.2 NAME	
STREET ADDRESS	ONE MADISON AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10010		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CORNWALL, JOHN R		6.2 NAME	
STREET ADDRESS	10900 N.E. 4TH ST., #500		6.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE WA 98004		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John J. Reiner V.Pres. & Controller 4/19/96 713-398-8885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

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METLIFE CAPITAL FINANCIAL CORPORATION
OFFICERS AND DIRECTORS

OFFICERS:

John C. Morrison, Jr.
Chairman of the Board
One Madison Avenue
New York, NY 10010
SSN: 558-48-7167

William M. Waterfield
President
10900 NE 4th Street, Ste. 500
Bellevue, WA 98004
SSN: 073-34-9811

Billy E. Hall
Vice President - Asset Mgmt.
10900 NE 4th Street, Ste. 500
Bellevue, WA 98004
SSN: 526-38-1217

John J. Reiner
Vice President, Controller,
Treasurer, & Secretary
15915 Katy Freeway, Ste. 150
Houston, TX 77094
SSN: 527-21-9214

Lloyd R. Worthen
Vice President - Real Estate
10900 NE 4th Street, Ste. 500
Bellevue, WA 98004
SSN: 531-56-6841

DIRECTORS:

John C. Morrison, Jr.
One Madison Avenue
New York, NY 10010
SSN: 558-48-7167

John R. Cornwall
10900 NE 4th Street, Ste. 500
Bellevue, WA 98004
SSN: 483-50-6069

Timothy L. Johnson
10900 NE 4th Street, Ste. 500
Bellevue, WA 98004
SSN: 566-60-6554

Mike Taft
10900 NE 4th Street, Ste. 500
Bellevue, WA 98004
SSN: 479-44-6834

Paul J. Graf
10900 NE 4th Street, Ste. 500
Bellevue, WA 98004
SSN: 356-38-3342

Michael D. Cullen
10900 NE 4th Street, Ste. 500
Bellevue, WA 98004
SSN: 341-44-0709