FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P10227 (7)

1. Corporation Name
MDFC EQUIPMENT LEASING CORPORATION

Principal Place of Business	Mailing Address
340 GOLDEN SHORE LONG BEACH CA 90802-4296	340 GOLDEN SHORE LONG BEACH CA 90802-4296

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/27/1986
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21 4060 LAKEWOOD BLVD.
Suite, Apt. #, etc.
22 6TH FLOOR
City & State
23 LONG BEACH CA
Zip 24 90808-1700 Country 25 USA

2a. Mailing Address
26 PO BOX 580
Suite, Apt. #, etc.
27
City & State
28 LONG BEACH CA
Zip 29 90801-0580 Country 30 USA

4. FEI Number: 95-2801432 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 required for printed name of registered agent and title, if applicable) (If Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P/D	☒ Change ☐ Addition
NAME	ROSEN, GEORGE, M	12 NAME	THOMAS J. MOTHERWAY	
STREET ADDRESS	340 GOLDEN SHORE	13 STREET ADDRESS	4060 LAKEWOOD BLVD. 6TH FLOOR	
CITY ST ZIP	LONG BEACH CA	14 CITY ST ZIP	LONG BEACH CA. 90808-1700	
TITLE	V	21 TITLE	V/S	☒ Change ☐ Addition
NAME	HEUMANN, H. DAVID	22 NAME		
STREET ADDRESS	340 GOLDEN SHORE	23 STREET ADDRESS	4060 LAKEWOOD BLVD. 6TH FLOOR	
CITY ST ZIP	LONG BEACH CA	24 CITY ST ZIP	LONG BEACH CA 90808-1700	
TITLE	TD	31 TITLE	V/T/D	☒ Change ☐ Addition
NAME	OWSLEY, ROBERT W.	32 NAME		
STREET ADDRESS	340 GOLDEN SHORE	33 STREET ADDRESS	4060 LAKEWOOD BLVD. 6TH FLOOR	
CITY ST ZIP	LONG BEACH CA	34 CITY ST ZIP	LONG BEACH CA 90808-1700	
TITLE	S	41 TITLE	V	☒ Change ☐ Addition
NAME	WELTMAN, JORDAN S	42 NAME		
STREET ADDRESS	340 GOLDEN SHORE	43 STREET ADDRESS	4060 LAKEWOOD BLVD. 6TH FLOOR	
CITY ST ZIP	LONG BEACH CA	44 CITY ST ZIP	LONG BEACH CA 90808-1700	
TITLE	TAX	51 TITLE	V	☒ Change ☐ Addition
NAME	DRAFFIN, MICHAEL C.	52 NAME		
STREET ADDRESS	340 GOLDEN SHORE	53 STREET ADDRESS	4060 LAKEWOOD BLVD. 6TH FLOOR	
CITY ST ZIP	LONG BEACH CA	54 CITY ST ZIP	LONG BEACH CA 90808-1700	
TITLE		61 TITLE	V/D	☐ Change ☒ Addition
NAME		62 NAME	DANIEL O. ANDERSON	
STREET ADDRESS		63 STREET ADDRESS	4060 LAKEWOOD BLVD. 6TH FLOOR	
CITY ST ZIP		64 CITY ST ZIP	LONG BEACH CA 90808-1700	

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)(i), 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: _____ 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0491546 FN