

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P10227 (7)
1. Corporation Name
MDFC EQUIPMENT LEASING CORPORATION



Principal Place of Business: 4060 LAKEWOOD BLVD, 6TH FLOOR, LONG BEACH CA 90808-1700, US
Mailing Address: P. O. BOX 580, LONG BEACH CA 90801-0580, US

3. Date Incorporated or Qualified: 05/27/1986
3a. Date of Last Report: 05/01/1995
4. FEI Number: 95-2801432
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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-29)
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country

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

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: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOTHERWAY, THOMAS I	
STREET ADDRESS	4060 LAKEWOOD BLVD., 6TH FLOOR	
CITY-ST-ZIP	LONG BEACH CA	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	HEUMANN, H. DAVID	
STREET ADDRESS	4060 LAKEWOOD BLVD., 6TH FLOOR	
CITY-ST-ZIP	LONG BEACH CA	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	OWSLEY, ROBERT W.	
STREET ADDRESS	4060 LAKEWOOD BLVD., 6TH FLOOR	
CITY-ST-ZIP	LONG BEACH CA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WELTMAN, JORDAN S.	
STREET ADDRESS	4060 LAKEWOOD BLVD., 6TH FLOOR	
CITY-ST-ZIP	LONG BEACH CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DRAFFIN, MICHAEL C.	
STREET ADDRESS	4060 LAKEWOOD BLVD., 6TH FLOOR	
CITY-ST-ZIP	LONG BEACH CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANDERSON, DANIEL O	
STREET ADDRESS	4060 LAKEWOOD BLVD	
CITY-ST-ZIP	LONG BEACH CA 90808-1700	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V STEVEN W. VOGEDING
2.3 STREET ADDRESS	4060 LAKEWOOD BLVD. 6TH FLOOR
2.4 CITY-ST-ZIP	LONG BEACH, CA 90808-1700
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	T PHILLIP B. DANDRIDGE
3.3 STREET ADDRESS	4060 LAKEWOOD BLVD., 6TH FLOOR
3.4 CITY-ST-ZIP	LONG BEACH, CA 90808-1700
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V STEPHEN J. NOVAK
4.3 STREET ADDRESS	4060 LAKEWOOD BLVD., 6TH FLOOR
4.4 CITY-ST-ZIP	LONG BEACH, CA 90808-1700
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V/D/S
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Mitchell C. [Signature] 4/26/96 310-627-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)