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May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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: 4080 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: 05/01/1996  
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 (25-30)

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)

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTHERWAY, THOMAS I	1.2 NAME	
STREET ADDRESS	4080 LAKEWOOD BLVD., 6TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGEDING, STEVEN W.	2.2 NAME	
STREET ADDRESS	4080 LAKEWOOD BLVD 6TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANDRIDGE, PHILLIP B.	3.2 NAME	
STREET ADDRESS	4080 LAKEWOOD BLVD 6TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVAK, STEPHEN J.	4.2 NAME	
STREET ADDRESS	4080 LAKEWOOD BLVD 6TH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA	4.4 CITY-ST-ZIP	
TITLE	VDS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAFFIN, MICHAEL C.	5.2 NAME	
STREET ADDRESS	4080 LAKEWOOD BLVD., 6TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, DANIEL O	6.2 NAME	
STREET ADDRESS	4080 LAKEWOOD BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA 90808-1700	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: *Michael C. Draffin* 562-607-3000

CR2E034 (9/96)