

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P10227**

1. Entity Name

MDFC EQUIPMENT LEASING CORPORATION**FILED**
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90332 047 ***150.00

Principal Place of Business

Mailing Address

4060 LAKEWOOD BLVD
5TH FLOOR
LONG BEACH CA 90808-1700
USP. O. BOX 580
LONG BEACH CA 90801-0580
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-2801432

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MOTHERWAY, THOMAS I
STREET ADDRESS 4060 LAKEWOOD BLVD., 6TH FLOOR
CITY-ST-ZIP LONG BEACH CATITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE V ☐ Delete
NAME VOGEDING, STEVEN W.
STREET ADDRESS 4060 LAKEWOOD BLVD 6TH FLOOR
CITY-ST-ZIP LONG BEACH CATITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE V ☐ Delete
NAME NOVAK, STEPHEN J.
STREET ADDRESS 4060 LAKEWOOD BLVD 6TH FLOOR
CITY-ST-ZIP LONG BEACH CATITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VDS ☐ Delete
NAME DRAFFIN, MICHAEL C.
STREET ADDRESS 4060 LAKEWOOD BLVD., 6TH FLOOR
CITY-ST-ZIP LONG BEACH CATITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD ☐ Delete
NAME ANDERSON, DANIEL O
STREET ADDRESS 4060 LAKEWOOD BLVD
CITY-ST-ZIP LONG BEACH CA 90808-1700TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael C. Draffin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

(562) 627-3068

Daytime Phone #

CR2E034 (9/99)