

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90220 044 ***150.00

UBR/RSO

DOCUMENT # P10227

1. Entity 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3780 Kilroy Airport Way

3. Mailing Address
 Suite, Apt. #, etc.
Ste. 750

City & State
Long Beach, CA

City & State

4. FEI Number **95-2801432** Applied For
 Not Applicable

Zip **90806** Country

Zip Country

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. 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	V	<input type="checkbox"/> Delete
NAME	VOGEDING, STEVEN W.	
STREET ADDRESS	4060 LAKEWOOD BLVD 6TH FLOOR	
CITY-ST-ZIP	LONG BEACH CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	NOVAK, STEPHEN J.	
STREET ADDRESS	4060 LAKEWOOD BLVD 6TH FLOOR	
CITY-ST-ZIP	LONG BEACH CA	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	DRAFFIN, MICHAEL C.	
STREET ADDRESS	4060 LAKEWOOD BLVD., 6TH FLOOR	
CITY-ST-ZIP	LONG BEACH CA	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, DANIEL O	
STREET ADDRESS	4060 LAKEWOOD BLVD	
CITY-ST-ZIP	LONG BEACH CA 90808-1700	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500 Naches SW 3rd Floor	
CITY-ST-ZIP	Renton, WA 98055	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3780 Kilroy Airport Way, Ste. 750	
CITY-ST-ZIP	Long Beach, CA 90806	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500 Naches SW 3rd Floor	
CITY-ST-ZIP	Renton, WA 98055	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3780 Kilroy Airport Way, Ste. 750	
CITY-ST-ZIP	Long Beach, CA 90806	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: M. Anderson 4-26-01 562-997-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/00)