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 # **858078** **(9)**

1. Corporation Name
METLIFE CAPITAL CORPORATION

Principal Place of Business
10900 NE 4TH ST
PO BOX C-97550
BELLEVUE WA 98004-4405
US

Mailing Address
PO BOX C97550
BELLEVUE WA 98009-4405
US

3. Date Incorporated or Qualified: 10/11/1983
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 91-1219984 — 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. This 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 _____ (Signature, typed or printed name of the registered agent and title, if applicable) (Title: Registered Agent Signature must be in ink or rubber stamp) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CORNWALL, JOHN R	
STREET ADDRESS	10900 NE 4TH ST., STE. 500	
CITY-ST-ZIP	BELLEVUE, WA 00000	
TITLE	VD	☐ DELETE
NAME	JOHNSON, TIMOTHY L	
STREET ADDRESS	10900 NE 4TH ST., STE 500	
CITY-ST-ZIP	BELLEVUE, WA 00000	
TITLE	VD	☐ DELETE
NAME	TAFT, MICHAEL E.	
STREET ADDRESS	10900 NE 4TH ST., STE 500	
CITY-ST-ZIP	BELLEVUE, WA 00000	
TITLE	V	☐ DELETE
NAME	WATERFIELD, WILLIAM M.	
STREET ADDRESS	10900 NE 4TH ST., STE, 500	
CITY-ST-ZIP	BELLEVUE WA	
TITLE	VT	☐ DELETE
NAME	ROONEY, JOSEPH G.	
STREET ADDRESS	10900 NE 4TH ST., STE 500	
CITY-ST-ZIP	BELLEVUE WA	
TITLE	VS	☐ DELETE
NAME	GRAF, PAUL J.	
STREET ADDRESS	10900 NE 4TH ST., STE. 500	
CITY-ST-ZIP	BELLEVUE WA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	BELLEVUE, WA 98004	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	BELLEVUE, WA 98004	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	BELLEVUE, WA 98004	
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	BELLEVUE, WA 98004	
5.1 TITLE		☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	BELLEVUE, WA 98004	
6.1 TITLE		☒ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	BELLEVUE, WA 98004	

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: Wm Waterfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VICE PRESIDENT - TAX

APR 29 1996
Date

206-451-0090
Daytime Phone #

CR2E034 (12/95)