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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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	Mailing Address
10900 NE 4TH ST PO BOX C-97550 BELLEVUE WA 98004-4405 US	PO BOX C97550 BELLEVUE WA 98009-4405 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1983
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 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 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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	CORNWALL, JOHN R	1.2 NAME	
STREET ADDRESS	10900 NE 4TH ST., STE. 500	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE WA	1.4 CITY-ST-ZIP	Bellevue, WA 98004
TITLE	VD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	JOHNSON, TIMOTHY L	2.2 NAME	
STREET ADDRESS	10900 NE 4TH ST., STE 500	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE WA	2.4 CITY-ST-ZIP	Bellevue, WA 98004
TITLE	VD ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	TAFT, MICHAEL E.	3.2 NAME	
STREET ADDRESS	10900 NE 4TH ST., STE 500	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE, WA 00000	3.4 CITY-ST-ZIP	Bellevue, WA 98004
TITLE	V ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	WATERFIELD, WILLIAM M.	4.2 NAME	
STREET ADDRESS	10900 NE 4TH ST., STE, 500	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE WA	4.4 CITY-ST-ZIP	Bellevue, WA 98004
TITLE	VT ☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	ROONEY, JOSEPH G.	5.2 NAME	
STREET ADDRESS	10900 NE 4TH ST., STE 500	5.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE WA	5.4 CITY-ST-ZIP	Bellevue, WA 98004
TITLE	VS ☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	GRAF, PAUL J.	6.2 NAME	
STREET ADDRESS	10900 NE 4TH ST., STE. 500	6.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE WA	6.4 CITY-ST-ZIP	Bellevue, WA 98004

14. 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 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.

MAR 3 0 1998