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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000001888 (7)

558

1. Corporation Name:
MDL PORTFOLIO CORP.

Principal Place of Business Mailing Address
C/O GENERAL ELECTRIC CAPITAL CORPORATION C/O GENERAL ELECTRIC CAPITAL CORPORATION
260 LONG RIDGE ROAD 260 LONG RIDGE ROAD
STAMFORD CT 06927 STAMFORD CT 06927

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/08/1993 3a. Date of Last Report 03/10/1994

4. FEI Number 06-1369202 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

2. Principal Place of Business 2a. Mailing Address
21 Suite Apt # etc 25 GE CAPITAL CORPORATION
22 City & State P.O. BOX 9552
23 City & State FT MYERS, FL 33906-9552
24 City & State Attn: Shannon Williams
25 City & State
26 City & State
27 City & State
28 City & State
29 City & State
30 City & State

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 required to printed name of registered agent and that it is applicable)

(NOTE: Registered Agent signature required when not filing)

(Date)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FRAZIER, MICHAEL D
STREET ADDRESS C/O 260 LONG RIDGE ROAD
CITY, ST, ZIP STAMFORD CT 06927
TITLE VSD
NAME HENRY, DAVID B
STREET ADDRESS C/O 260 LONG RIDGE ROAD
CITY, ST, ZIP STAMFORD CT 06927
TITLE T
NAME AMBLE, JOAN C
STREET ADDRESS C/O 260 LONG RIDGE ROAD
CITY, ST, ZIP STAMFORD CT 06927
TITLE VD
NAME PFIEFFER, ROBERT E
STREET ADDRESS C/O 260 LONG RIDGE ROAD
CITY, ST, ZIP STAMFORD CT 06927
TITLE V
NAME MARTINDALE, DAVID R
STREET ADDRESS C/O 1700 PACIFIC AVENUE, #4300
CITY, ST, ZIP DALLAS TX 75201
TITLE AS
NAME DELUCA, PATRICIA A
STREET ADDRESS C/O 260 LONG RIDGE ROAD
CITY, ST, ZIP STAMFORD CT 06927

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE A/T ☐ Change ☒ Addition
1.2 NAME Oscar Gorza
1.3 STREET ADDRESS 4211 Metro Parkway
1.4 CITY, ST, ZIP Ft Myers, FL 33916
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(4)(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 (as changed) or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASSISTANT TREASURER
STATE TAXES

4/27/95

Excluded From

0000481 CP