FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:33

DOCUMENT # P17473 (0)

1. Corporation Name
METLIFE FINANCIAL ACCEPTANCE CORPORATION

Principal Place of Business	Mailing Address
47 PERIMETER CENTER EAST #210 P. O. BOX 467609 ATLANTA GA 30346	47 PERIMETER CENTER EAST #210 P. O. BOX 467609 ATLANTA GA 30346

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1987
3a. Date of Last Report: 04/08/1994

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

4. FEI Number: 22-2853995 ☐ 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 (type or print name of registered agent and title if applicable)) (NOTE: Registered Agent signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	MELLON, RICHARD J.	12 NAME		
STREET ADDRESS	ONE MADISON AVENUE	13 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY	14 CITY ST ZIP		
TITLE	VD	21 TITLE	V	☒ Change ☐ Addition
NAME	FOWLER, ROY A.	22 NAME	Lombardo, John S.	
STREET ADDRESS	P.O. BOX 467609, NA	23 STREET ADDRESS	700 Quaker Lane	
CITY ST ZIP	ATLANTA GA	24 CITY ST ZIP	Warwick, RI 02886-6669	
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	REITER, ELLIOT .	32 NAME		
STREET ADDRESS	ONE MADISON AVENUE	33 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY	34 CITY ST ZIP		
TITLE	S	41 TITLE	V	☒ Change ☐ Addition
NAME	WEINBERG, JANE C	42 NAME	Harvey, Robert W. Jr.,	
STREET ADDRESS	ONE MADISON AVENUE	43 STREET ADDRESS	700 Quaker Lane	
CITY ST ZIP	NEW YORK NY	44 CITY ST ZIP	Warwick, RI 02886-6669	
TITLE	D	51 TITLE	S	☒ Change ☐ Addition
NAME	MORRISON, JOHN C., JR	52 NAME	Berstein, Richard W.	
STREET ADDRESS	ONE MADISON AVENUE	53 STREET ADDRESS	700 Quaker Lane	
CITY ST ZIP	NEW YORK NY	54 CITY ST ZIP	Warwick, RI 02886-6669	
TITLE	AT	61 TITLE	T	☒ Change ☐ Addition
NAME	SEMKE, ROBERT A.	62 NAME	McSweeney, John J.	
STREET ADDRESS	BOX 467609 N/A	63 STREET ADDRESS	700 Quaker Lane	
CITY ST ZIP	ATLANTA GA	64 CITY ST ZIP	Warwick, RI 02886-6669	

RETURNED BY MAY 1

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)(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.

SIGNATURE: Richard W. Berstein
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR) (Date) (Capacity/Title)
Richard W. Berstein Officer 04/28/95

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