

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P17473** (0)

1. Corporation Name

METLIFE FINANCIAL ACCEPTANCE CORPORATION



Principal Place of Business

Mailing Address

**47 PERIMETER CENTER EAST #210
P. O. BOX 467809
ATLANTA GA 30346**

**47 PERIMETER CENTER EAST #210
P. O. BOX 467809
ATLANTA GA 30346**

3. Date Incorporated or Qualified
12/31/1987

3a. Date of Last Report
05/01/1995

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. 190.03,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **700 Quaker Lane**

26 **700 Quaker Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Warwick, RI**

28 **Warwick, RI**

24 Zip **02886-6669**

25 Country

29 Zip **02886-6669**

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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 of the person who is registered agent and the tag number

Signature of Registered Agent signed on the date when the change was made

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	MELLON, RICHARD J.	
STREET ADDRESS	ONE MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	☐ DELETE
NAME	LOMBARDO, JOHN S.	
STREET ADDRESS	700 QUAKER LANE	
CITY-ST-ZIP	WARWICK RI	
TITLE	VD	☐ DELETE
NAME	REITER, ELLIOT	
STREET ADDRESS	ONE MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	☐ DELETE
NAME	HARVEY, ROBERT W. JR.	
STREET ADDRESS	700 QUAKER LANE	
CITY-ST-ZIP	WARWICK RI	
TITLE	S	☐ DELETE
NAME	BERSTEIN, RICHARD W.	
STREET ADDRESS	700 QUAKER LANE	
CITY-ST-ZIP	WARWICK RI	
TITLE	T	☐ DELETE
NAME	MCSWEENEY, JOHN J.	
STREET ADDRESS	700 QUAKER LANE	
CITY-ST-ZIP	WARWICK RI	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☒ Addition
52 NAME	S, D
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sec. 119.07(3)(b), 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 617, 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. Bernstein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/08/96

(401) 827-2515

CR2E034 (3/96)