FILED

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90020 029 ***150.00

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Mailing Address

700 QUAKER LANE

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P17473

1. Corporation Name

Principal Place of Business

700 QUAKER LANE

METLIFE FINANCIAL ACCEPTANCE CORPORATION

P.O. BOX 350						DO NOT WRITE IN THIS SPACE					
WARWICK RI 02886-6669 US		WARWICK RI 02886-6669 US				3. Date Incorporated or Qualifed					
	* * *					12/31/1987					
2. Principal Pl	ace of Business	2a. Mailing Address	-	1-	•	4. FEI Number	. -		lied For		
21	26					22-2853995	_ <u>_</u>		Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		. 75 Ad ee Req	iditional uired		
City & State		City & State	•			6. Election Campaign Financing	\$ 5	.00 N	lav Be		
-	28					Trust Fund Contribution		ded to			
Zip	Country Zip			Country		8. This corporation owes the current year In					
—	25 29 30			,		Personal Property Tax.	Ŭ Ye:		⊒No		
24	9. Name and Address of Curren		130			10. Name and Address of New Registered	Agent				
	p. Hamb and Address of Carrott			81	Name						
CT CORPORATION SYSTEM			•			in the state of th					
1200	S. PINE ISLAND ROAD		8:			82 Street Address (P.O. Box Number is Not Acceptable)					
PLAN	VTATION FL 33324			83							
				84	City	FI	85	Zip C	ode		
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statu	tes, the a	bove	e-named co	rporation submits this statement for the purpose of	f changi	ng its r	egistered		
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Fiorida, Such change was a	autnorizet	יעם ב	ine corpora	tion's board of directors. I hereby accept the appo	intment	as reg	istered		
SIGNATURE									į		
	Signature, typed or printed name of registered ager			Agen	t signature requ	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIR	ECTO	2S IN 12		
12.		ID DIRECTORS	13.				☐ CH		X Addition		
TITLE	PD	[A DELETE				PD		ango	A / nadicon		
NAME	CAVANAUGH, DANIEL			AME		CATHERINE A. REIN			Ì		
STREET ADDRESS	700 QUAKER LANE	i i		1.3 STREET ADDRESS		700 QUAKER LANE					
CITY-ST-ZIP	WARWICK RI			1.4 CITY-ST-ZIP		WARWICK, RI 02886-6669	□ Ch		Addition		
TITLE	VD	☐ DELETE					ШСП	lange			
NAME	LOMBARDO, JOHN S.			2.2 NAME		•					
STREET ADDRESS	700 QUAKER LANE		2.3 S	2.3 STREET ADDRESS -		•					
CITY-ST-ZIP	WARWICK RI				T-ZIP				T Addition		
TITLE	VD DELETE-			3.1 TITLE		•	☐ Cł	nange	☐ Addition		
NAME	HARVEY, ROBERT W. JR.		3.2 N	3.2 NAME							
STREET ADDRESS	700 QUAKER LANE		3.3 S	TREET	ADDRESS						
CITY-ST-ZIP			3.4. 0	ITY-S	T-ZIP						
TITLE	SD	☐ DELETE	4.1 T	TLE			□ CI	nange	Addition		
NAME	BERSTEIN, RICHARD W.		4.21	AME							
STREET ADDRESS	700 QUAKER LANE		4.3 S	TREET	TADORESS						
CITY-ST-ZIP	WARWICK RI			ITY-S	T-ZIP						
TITLE	T	☐ DELETE	5.1 ₹	ITLE			□ CH	nange	Addition		
NAME	MCSWEENEY, JOHN J.		5.2 N	AME	ł						
STREET ADDRESS	700 QUAKER LANE		5.3 \$	TREET	T ADDRESS						
CITY-ST-ZIP	WARWICK RI			ITY-\$	Y-ZIP						
TITLE		☐ DELETE	6.1 T	MLE		·	□ Cł	nange	☐ Addition		
NAME		•	6.2 N	AME					{		
STREET ADDRESS			6.3 S	TREET	ADDRESS						
CITY-ST-ZIP			6.4 C	ITY-S	T-ZIP						

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 changes, or on an attaction of the corporation of the corp

SIGNATURE:

rfauired ED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 11, 1999

(401) 827-2621

Daytime Phone #