

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P17473

1. Entity Name

METLIFE FINANCIAL ACCEPTANCE CORPORATION

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90181 007 ***150.00

Principal Place of Business

Mailing Address

700 QUAKER LANE
P.O. BOX 350
WARWICK RI 02886-6669
US

700 QUAKER LANE
P.O. BOX 350
WARWICK RI 02886-6681
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-2853995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME CAVANAUGH, DANIEL
STREET ADDRESS 700 QUAKER LANE
CITY-ST-ZIP WARWICK RI

TITLE Treasurer ☐ Change ☒ Addition
NAME William J. Wheeler
STREET ADDRESS One Madison Avenue
CITY-ST-ZIP New York, NY 10010

TITLE VD ☐ Delete
NAME LOMBARDO, JOHN S.
STREET ADDRESS 700 QUAKER LANE
CITY-ST-ZIP WARWICK RI

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME HARVEY, ROBERT W. JR.
STREET ADDRESS 700 QUAKER LANE
CITY-ST-ZIP WARWICK RI

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME BERSTEIN, RICHARD W.
STREET ADDRESS 700 QUAKER LANE
CITY-ST-ZIP WARWICK RI

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME MCSWEENEY, JOHN J.
STREET ADDRESS 700 QUAKER LANE
CITY-ST-ZIP WARWICK RI

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME REIN, CATHERINE A
STREET ADDRESS 700 QUAKER LANE
CITY-ST-ZIP WARWICK RI 02886-6669

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/2000

Date

(401)827-2515

Daytime Phone #

CR2E034 (9/99)