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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Norman Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32123 (2)

1. Corporation Name

MDFC LOAN CORPORATION

Principal Place of Business	Mailing Address
340 GOLDEN SHORE LONG BEACH CA 90802	340 GOLDEN SHORE LONG BEACH CA 90802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/11/1990	3a. Date of Last Report 04/20/1994
4. FEI Number 33-0002162	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 1981032 Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 4060 LAKEWOOD BLVD Suite Apt # etc 22 6TH FLOOR City & State 23 LONG BEACH CA	26 PO BOX 580 Suite Apt # etc 27 City & State 28 LONG BEACH CA
24 90808-1700 25 USA	29 90801-0580 30 USA

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 Accepted) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(2), 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 607.05(2), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD ROSEN, GEORGE M. 340 GOLDEN SHORE LONG BEACH CA	TITLE NAME STREET ADDRESS CITY ST ZIP	C/P/D THOMAS J. MOTHERWAY 4060 LAKEWOOD BLVD. 6TH FLOOR LONG BEACH CA 90808-1700 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S WELTMAN, JORDAN S 340 GOLDEN SHORE LONG BEACH	TITLE NAME STREET ADDRESS CITY ST ZIP	V THOMAS J. LAWLOR, JR. 4060 LAKEWOOD BLVD. 6TH FLOOR LONG BEACH CA 90808-1700 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VPC SCUDAMORE, DOUGLAS E 340 GOLDEN SHORE LONG BEACH CA	TITLE NAME STREET ADDRESS CITY ST ZIP	V PHILLIP W. CYBURT 4060 LAKEWOOD BLVD. 6TH FLOOR LONG BEACH CA 90808-1700 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	V ANDERSON, DANIEL O. 340 GOLDEN SHORE LONG BEACH CA	TITLE NAME STREET ADDRESS CITY ST ZIP	V/D 4060 LAKEWOOD BLVD. 6TH FLOOR LONG BEACH CA 90808-1700 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TAX DRAFFIN, MICHAEL C 340 GOLDEN SHORE LONG BEACH CA	TITLE NAME STREET ADDRESS CITY ST ZIP	V/S 4060 LAKEWOOD BLVD 6TH FLOOR LONG BEACH CA 90808-1700 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VT OWSLEY, ROBERT W. 340 GOLDEN SHORE LONG BEACH CA	TITLE NAME STREET ADDRESS CITY ST ZIP	V/T/D 4060 LAKEWOOD BLVD 6TH FLOOR LONG BEACH CA 90808-1700 ☒ Change ☐ Addition

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 119.07(3)(b), Florida Statutes. I further certify that the information made effect 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 187, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael C. Draffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/95

Excluded From Fee