

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90220 043 ***150.00

DOCUMENT # P32123

1. Entity Name
MDFC LOAN CORPORATION

Principal Place of Business

**4060 LAKEWOOD BLVD
6TH FLOOR
LONG BEACH CA 90806
US**

Mailing Address

**P. O. BOX 580
LONG BEACH CA 90801-0580
US**

2. Principal Place of Business

3780 Kilroy Airport Way

3. Mailing Address

Suite, Apt. #, etc.

**Suite, Apt. #, etc.
Ste. 750**

City & State

Long Beach, CA

City & State

4. FEI Number **33-0002162**

Applied For

Not Applicable

Zip

90806

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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, 2001 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 **MOTHERWAY, THOMAS J**
STREET ADDRESS **4060 LAKEWOOD BLVD., 6TH FL**
CITY-ST-ZIP **LONG BEACH CA**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **500 Naches SW 3rd Floor**
CITY-ST-ZIP **Renton, Washington 98055**

TITLE **V** ☐ Delete
NAME **VOGEDING, STEVEN W.**
STREET ADDRESS **4060 LAKEWOOD BLVD 6TH FLOOR**
CITY-ST-ZIP **LONG BEACH CA**

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **3780 Kilroy Airport Way, Ste. 750**
CITY-ST-ZIP **Long Beach, CA 90806**

TITLE **V** ☒ Delete
NAME **CYBURT, PHILLIP**
STREET ADDRESS **4060 LAKEWOOD BLVD., 6TH FLOOR**
CITY-ST-ZIP **LONG BEACH CA**

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

TITLE **VD** ☒ Delete
NAME **ANDERSON, DANIEL O.**
STREET ADDRESS **4060 LAKEWOOD BLVD., 6TH FL**
CITY-ST-ZIP **LONG BEACH CA**

TITLE **V** ☐ Change ☒ Addition
NAME **Steven D. Williamson**
STREET ADDRESS **3780 Kilroy Airport Way Ste. 750**
CITY-ST-ZIP **Long Beach, CA 90806**

TITLE **VSD** ☐ Delete
NAME **DRAFFIN, MICHAEL C**
STREET ADDRESS **4060 LAKEWOOD BLVD., 6TH FL**
CITY-ST-ZIP **LONG BEACH CA**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3780 Kilroy Airport Way, Ste. 750**
CITY-ST-ZIP **Long Beach, CA 90806**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

562-997-3357

Daytime Phone #

CR2E034 (10/00)