FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 14 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800061457438
-04/17/95--01001--012
****200.00 ****200.00

DOCUMENT # **139057** **(4)**

1. Corporation Name
FLEET FINANCE, INC.

Principal Place of Business	Mailing Address
30 PERIMETER PARK ATLANTA GA 30341	30 PERIMETER PARK ATLANTA GA 30341

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/06/1940**
3a. Date of Last Report: **03/06/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-0335493** ☐ 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. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 800061457430 -04/17/95--01001--011 ****200.00 ****200.00
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	CD	☒ Change ☐ Addition
NAME	OWENS, ROBERT HAROLD	12 NAME	JOHN S. POELKER	
STREET ADDRESS	211 PERIMETER CENTER PKWY SUITE 800	13 STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	
CITY ST ZIP	ATLANTA GA	14 CITY ST ZIP	ATLANTA, GA 30346	
TITLE	V	21 TITLE	VD	☒ Change ☐ Addition
NAME	MOORE, SHARON Y.	22 NAME	KATHLEEN M. IRELAND	
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	23 STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	
CITY ST ZIP	ATLANTA GA	24 CITY ST ZIP	ATLANTA, GA 30346	
TITLE	V	31 TITLE	V	☒ Change ☐ Addition
NAME	SCRUGGS, B. DAVID	32 NAME	P.EMERY COVINGTON	
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	33 STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	
CITY ST ZIP	ATLANTA GA	34 CITY ST ZIP	ATLANTA, GA 30346	
TITLE	SD	41 TITLE	VS	☒ Change ☐ Addition
NAME	STANFORTH, JOHN B.	42 NAME	THERESE G. FRANZEN	
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	43 STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	
CITY ST ZIP	ATLANTA GA	44 CITY ST ZIP	ATLANTA, GA 30346	
TITLE	V	51 TITLE	N/A	☐ Change ☐ Addition
NAME	SCRUGGS, B. DAVID	52 NAME		
STREET ADDRESS	60 FOAL DRIVE	53 STREET ADDRESS		
CITY ST ZIP	ROSWELL GA	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

4/14/95 MST

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 changed, or on an attachment with an address.

SIGNATURE: John S. Poelker JOHN S. POELKER 4/10/95 404-39[illegible]-2440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0366363 FP