FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000005950 (9)**

1. Corporation Name

FLEET FINANCE, INC. OF RHODE ISLAND

Principal Place of Business	Mailing Address
211 PERIMETER CENTER PKWY. SUITE 800 ATLANTA GA 30346	211 PERIMETER CENTER PKWY. SUITE 800 ATLANTA GA 30346

3. Date Incorporated or Qualified: **12/01/1995**
3a. Date of Last Report:

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: **58-1162405** ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH 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)
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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOC	☒ DELETE	1.1 TITLE	CEOC	☒ Change ☐ Addition
NAME	POELKER, JOHN S		1.2 NAME	TORKE, MICHAEL J.	
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800		1.3 STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	
CITY-ST-ZIP	ATLANTA GA 30346		1.4 CITY-ST-ZIP	ATLANTA, GA 30346	
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, GORDON W		2.2 NAME		
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30346		2.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COVINGTON, P. E		3.2 NAME		
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30346		3.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	ADDINGTON, ANTHONY H		4.2 NAME	Mutterperl, William C.	
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800		4.3 STREET ADDRESS	111 Westminster Street	
CITY-ST-ZIP	ATLANTA GA 30346		4.4 CITY-ST-ZIP	Providence, RI 02903	
TITLE	CFO	☒ DELETE	5.1 TITLE	T	☒ Change ☐ Addition
NAME	TAYLOR, JOHN A		5.2 NAME	Pannone, Richard R.	
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800		5.3 STREET ADDRESS	111 Westminster Street	
CITY-ST-ZIP	ATLANTA GA 30346		5.4 CITY-ST-ZIP	Providence, RI 02903	
TITLE	VAS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FRANZEN, THERESE G		6.2 NAME		
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800		6.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30346		6.4 CITY-ST-ZIP		

700001828317
-05/20/96--01022--030
***200.00

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)(k), 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: Therese A. Franzen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 1996 (770) 392-2455
Date Daytime Phone #

CR2E034 (12/95)