

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 # 139057 (4)

1. Corporation Name

FLEET FINANCE, INC.



Principal Place of Business

30 PERIMETER PARK
ATLANTA GA 30341

Mailing Address

30 PERIMETER PARK
ATLANTA GA 30341

3. Date Incorporated or Qualified
05/08/1940

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

23

City & State

28

City & State

24

Zip

25

Country

29

Zip

30

Country

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 Acceptable)

000001828320

83

-05/20/96--01022--032

84 City

***200.00

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 has this block filled.

(PSE) Registered Agent signature required when making filing.

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	☒ DELETE
NAME	POELKER, JOHN S	
STREET ADDRESS	211 PERIMETER CENTER PKWY SUITE 800	
CITY - ST - ZIP	ATLANTA GA	
TITLE	VD	☒ DELETE
NAME	IRELAND, KATHLEEN M	
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	
CITY - ST - ZIP	ATLANTA GA	
TITLE	V	☐ DELETE
NAME	COVINGTON, P. EMERY	
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	
CITY - ST - ZIP	ATLANTA GA	
TITLE	VS	☐ DELETE
NAME	FRANZEN, THERESE G	
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	
CITY - ST - ZIP	ATLANTA GA	
TITLE	V	☒ DELETE
NAME	SCRUGGS, B. DAVID	
STREET ADDRESS	60 FOAL DRIVE	
CITY - ST - ZIP	ROSWELL GA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	☒ Change ☐ Addition
1.2 NAME	Torke, Michael J.	
1.3 STREET ADDRESS	211 Perimeter Center Pkwy, Suite 800	
1.4 CITY - ST - ZIP	Atlanta, GA	
2.1 TITLE	T	☒ Change ☐ Addition
2.2 NAME	Pannone, Richard	
2.3 STREET ADDRESS	111 Westminster Street	
2.4 CITY - ST - ZIP	Providence, RI 02903	
3.1 TITLE	VD	☐ Change ☒ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	P	☒ Change ☐ Addition
5.2 NAME	White, Gordon W.	
5.3 STREET ADDRESS	211 Perimeter Center Pkwy, Suite 800	
5.4 CITY - ST - ZIP	Atlanta, GA 30346	
6.1 TITLE	S	☐ Change ☒ Addition
6.2 NAME	Mutterperl, William C.	
6.3 STREET ADDRESS	111 Westminster Street	
6.4 CITY - ST - ZIP	Providence, RI 02903	

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 G. Franzen

April 22, 1996

(770) 392-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)