

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 14 1997 8:00am
Secretary of State

DOCUMENT # F95000005950 (9)

1. Corporation Name

FLEET FINANCE, INC. OF RHODE ISLAND



Principal Place of Business

211 PERIMETER CENTER PKWY, SUITE 800
ATLANTA GA 30346

Mailing Address

211 PERIMETER CENTER PKWY, SUITE 800
ATLANTA GA 30346-1305

2. Principal Place of Business

21 6 Executive Park Dr., NE
Suite, Apt. #, etc.

22

City & State

23 Atlanta, GA

Zip

24 30329

Country

25 USA

2a. Mailing Address

26 6 Executive Park Dr., NE
Suite, Apt. #, etc.

27

City & State

28 Atlanta, GA

Zip

29 30329

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

12/01/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

58-1162405

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

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 signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
CEOC
TORKE, MICHAEL J.
STREET ADDRESS
211 PERIMETER CENTER PKWY, SUITE 800
CITY-ST-ZIP
ATLANTA GA 30346

TITLE ☒ DELETE

NAME
P
WHITE, GORDON W
STREET ADDRESS
211 PERIMETER CENTER PKWY, SUITE 800
CITY-ST-ZIP
ATLANTA GA 30346

TITLE ☒ DELETE

NAME
DV
COVINGTON, P. E
STREET ADDRESS
211 PERIMETER CENTER PKWY, SUITE 800
CITY-ST-ZIP
ATLANTA GA 30346

TITLE ☐ DELETE

NAME
S
MUTTERPERL, WILLIAM C.
STREET ADDRESS
111 WESTMINISTER ST.
CITY-ST-ZIP
PROVIDENCE RI 02903

TITLE ☒ DELETE

NAME
T
PANNONE, RICHARD R.
STREET ADDRESS
111 WESTMINISTER ST.
CITY-ST-ZIP
PROVIDENCE RI 02903

TITLE ☒ DELETE

NAME
VAS
FRANZEN, THERESE G
STREET ADDRESS
211 PERIMETER CENTER PKWY, SUITE 800
CITY-ST-ZIP
ATLANTA GA 30346

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
D
Torke, Michael J.
1.3 STREET ADDRESS
1333 Main Street
1.4 CITY-ST-ZIP
Columbia, SC 29201

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
P/C/D
Armstrong, Donald F.
2.3 STREET ADDRESS
6 Executive Park Dr., NE
2.4 CITY-ST-ZIP
Atlanta, GA 30329

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
SVP/AS/D
Lemoine, Lance A.
3.3 STREET ADDRESS
6 Executive Park Dr., NE
3.4 CITY-ST-ZIP
Atlanta, GA 30329

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
S
Mutterperl, William C.
4.3 STREET ADDRESS
One Federal Street
4.4 CITY-ST-ZIP
Boston MA 02110

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
T
Makowiecki, Peter J.
5.3 STREET ADDRESS
1333 Main Street
5.4 CITY-ST-ZIP
Columbia, SC 29211

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
SVP/AS
Mackie, Janet H.
6.3 STREET ADDRESS
6 Executive Park Dr., NE
6.4 CITY-ST-ZIP
Atlanta, GA 30329

14. I do 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 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.

(404) 320-2700

SIGNATURE:

Monique Bourgeois

Monique Bourgeois, AVP/Asst. Sec 04/28/97

CR2E034 (9/96)