

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 6 EXECUTIVE PARK DR, NE		26 6 EXECUTIVE PARK DR, NE		05/08/1940	05/01/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 SUITE 300		27 SUITE 300		59-0335493	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 ATLANTA, GA		28 ATLANTA, GA		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
24 30329	25 USA	29 30329	30 USA		

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)
83
84 City
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 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

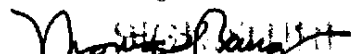
(NOTE: Registered Agent's signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	D
NAME	TORKE, MICHAEL J.	1.2 NAME	TORKE, MICHAEL J.
STREET ADDRESS	211 PERIMETER CENTER PKWY SUITE 800	1.3 STREET ADDRESS	1333 MAIN STREET
CITY-ST-ZIP	ATLANTA GA 30341	1.4 CITY-ST-ZIP	COLUMBIA, SC 02110
TITLE	T	2.1 TITLE	T
NAME	PANNONE, RICHARD	2.2 NAME	MAKOWIECKI, PETER J.
STREET ADDRESS	111 WESTMINSTER ST.	2.3 STREET ADDRESS	1333 MAIN STREET
CITY-ST-ZIP	PROVIDENCE RI 02903	2.4 CITY-ST-ZIP	COLUMBIA, SC 02110
TITLE	VD	3.1 TITLE	SVP
NAME	COVINGTON, P. EMERY	3.2 NAME	JANET H. MACKIE
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	3.3 STREET ADDRESS	6 EXECUTIVE PARK DRIVE, NE, SUITE 300
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	ATLANTA, GA 30329
TITLE	VS	4.1 TITLE	SVP
NAME	FRANZEN, THERESE G	4.2 NAME	CORY L. BRAUN
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	4.3 STREET ADDRESS	6 EXECUTIVE PARK DRIVE, NE, SUITE 300
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	ATLANTA, GA 30329
TITLE	P	5.1 TITLE	P/C/D
NAME	WHITE, GORDON W.	5.2 NAME	DONALD F. ARMSTRONG
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	5.3 STREET ADDRESS	6 EXECUTIVE PARK DR, NE, STE 300
CITY-ST-ZIP	ATLANTA GA 30346	5.4 CITY-ST-ZIP	ATLANTA, GA 30329
TITLE	S	6.1 TITLE	S
NAME	MUTTERPERL, WILLIAM C.	6.2 NAME	WILLIAM C. MUTTERPERL
STREET ADDRESS	111 WESTMINSTER ST.	6.3 STREET ADDRESS	ONE FEDERAL STREET
CITY-ST-ZIP	PROVIDENCE RI 02903	6.4 CITY-ST-ZIP	BOSTON, MA 02211

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.

SIGNATURE:



MONIQUE BOURGEOIS, ASST. SEC./AVP 07/30/97 (404) 320-277

CR2034 (4/97)