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	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: **05/08/1940**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 6 EXECUTIVE PARK DR, NE
Suite, Apt. #, etc.
22 SUITE 300
City & State
23 ATLANTA, GA
Zip 24 30329 Country 25 USA

2a. Mailing Address
26 6 EXECUTIVE PARK DR, NE
Suite, Apt. #, etc.
27 SUITE 300
City & State
28 ATLANTA, GA
Zip 29 30329 Country 30 USA

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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)
83
84 City 85 Zip Code

200002250022 FL
08/05/97 01012-006
***550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD TORKE, MICHAEL J. 211 PERIMETER CENTER PKWY SUITE 800 ATLANTA GA 30341	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D TORKE, MICHAEL J. 1333 MAIN STREET COLUMBIA, SC 02110	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PANNONE, RICHARD 111 WESTMINSTER ST. PROVIDENCE RI 02903	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	T MAKOWIECKI, PETER J. 1333 MAIN STREET COLUMBIA, SC 02110	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COVINGTON, P. EMERY 211 PERIMETER CENTER PKWY, SUITE 800 ATLANTA GA	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SVP JANET H. MACKIE 6 EXECUTIVE PARK DRIVE, NE, SUITE 300 ATLANTA, GA 30329	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS FRANZEN, THERESE G 211 PERIMETER CENTER PKWY, SUITE 800 ATLANTA GA	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SVP CORY L. BRAUN 6 EXECUTIVE PARK DRIVE, NE, SUITE 300 ATLANTA, GA 30329	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WHITE, GORDON W. 211 PERIMETER CENTER PKWY, SUITE 800 ATLANTA GA 30346	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	P/C/D DONALD F. ARMSTRONG 6 EXECUTIVE PARK DR, NE, STE 300 ATLANTA, GA 30329	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MUTTERPERL, WILLIAM C. 111 WESTMINSTER ST. PROVIDENCE RI 02903	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	S WILLIAM C. MUTTERPERL ONE FEDERAL STREET BOSTON, MA 29211	☒ Change ☐ Addition

CR2E034 (4/97)

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