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FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **F95000005844 (4)**

1. Corporation Name
FLEET FINANCE, INC. OF GA.

Principal Place of Business	Mailing Address
6 EXECUTIVE PARK DR., NE ATLANTA GA 30329 US	6 EXECUTIVE PARK DR., NE ATLANTA GA 30329 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 58-0826816 ☐ 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and Title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☒ DELETE	1.1 TITLE	O	☐ Change ☒ Addition
NAME	TORKE, MICHAEL J.		1.2 NAME	BRIAN T. Moynihan	
STREET ADDRESS	1333 MAIN ST		1.3 STREET ADDRESS	One Federal Way	
CITY-ST-ZIP	COLUMBIA SC		1.4 CITY-ST-ZIP	Boston, MA 02110	
TITLE	SVPA	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MACKIE, JANET H.		2.2 NAME		
STREET ADDRESS	6 EXECUTIVE PARK DR., NE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP		
TITLE	SVPD	☒ DELETE	3.1 TITLE	SVP A	☐ Change ☒ Addition
NAME	LEMOINE, LANCE A		3.2 NAME	Corey L. Brown	
STREET ADDRESS	6 EXECUTIVE PARK DR., NE		3.3 STREET ADDRESS	6 Executive Park Dr. NE	
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP	Atlanta, GA 30329	
TITLE	PCD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ARMSTRONG, DONALD F.		4.2 NAME		
STREET ADDRESS	6 EXECUTIVE PARK DR., NE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MUTTERPERL, WILLIAM C.		5.2 NAME		
STREET ADDRESS	ONE FEDERAL STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		5.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	6.1 TITLE	T	☐ Change ☒ Addition
NAME	MAKOWIECKI, PETER J.		6.2 NAME	Cleveland Fletcher	
STREET ADDRESS	1333 MAIN ST		6.3 STREET ADDRESS	6 Executive Park Dr. NE	
CITY-ST-ZIP	COLUMBIA SC		6.4 CITY-ST-ZIP	Atlanta, GA 30329	

CR2E034 (10/97)

14. I 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 _____ 4/28/98 _____