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001324

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90013 022 ***150.00

DOCUMENT # 139057

1. Corporation Name
FLEET FINANCE, INC.

Principal Place of Business	Mailing Address
6 EXECUTIVE PARK DR.. NE SUITE 300 ATLANTA GA 30329	6 EXECUTIVE PARK DR.. NE SUITE 300 ATLANTA GA 30329

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/08/1940

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

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 the current year Intangible Personal Property Tax. ☐ 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 **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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	MAYNIHAN, B T		1.2 NAME	Brian T. Moynihan	
STREET ADDRESS	ONE FED WAY		1.3 STREET ADDRESS	One Federal St	
CITY-ST-ZIP	BOSHER MA 02160		1.4 CITY-ST-ZIP	Boston, MA 02110	
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FLETCHER, C		2.2 NAME		
STREET ADDRESS	6 EXECUTIVE PK DR, NE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30329		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRAUN, C L		3.2 NAME		
STREET ADDRESS	6 EXECUTIVE PK, DR, NE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30329		3.4 CITY-ST-ZIP		
TITLE	SVP	☒ DELETE	4.1 TITLE	Director	☐ Change ☒ Addition
NAME	MACKERE, J H		4.2 NAME	Eugene M. McQuade	
STREET ADDRESS	6 EXECUTIVE PK DR, NE		4.3 STREET ADDRESS	One Federal St	
CITY-ST-ZIP	ATLANTA GA 30329		4.4 CITY-ST-ZIP	Boston, MA 02110	
TITLE	PCD	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	ARMSTRONG, D F		5.2 NAME		
STREET ADDRESS	6 EXECUTIVE PK DR NE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30327		5.4 CITY-ST-ZIP	Atlanta, GA 30329	
TITLE	S	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	MUTTERPERL, WILLIAM C.		6.2 NAME		
STREET ADDRESS	ONE FEDERAL STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 29211		6.4 CITY-ST-ZIP	Boston, MA 02110	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Cory Braun Cory Braun, SVP 4/14/99 (404) 679--7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #