2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State
02-05-2002 90064 015 ***150.00

0536478 AT

DOCUMENT # 139057

1. Entity 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

2. Principal Place of Business	3. Mailing Address
6 Executive Park Dr., NE	6 Executive Park Dr., NE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Atlanta, GA	City & State: Atlanta, GA
Zip: 30329 Country: USA	Zip: 30329 Country: USA

4. FEI Number 59-0335493 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOYNIHAN, B T 100 FEDERAL STREET BOSTON MA 02110 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FLETCHER, C 6 EXECUTIVE PK DR, NE ATLANTA GA 30329 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BRAUN, C L 6 EXECUTIVE PK, DR, NE ATLANTA GA 30329 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCQUADE, EUGENE M 100 FEDERAL STREET BOSTON MA 02110 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD ARMSTRONG, D F 6 EXECUTIVE PK DR NE ATLANTA GA 30329 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MUTTERPERL, WILLIAM C. 100 FEDERAL STREET BOSTON MA 02110 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Braun, C L 6 Executive Park Dr., NE Atlanta, GA 30329 ☐ Change ☒ Addition

CRPE034 (9/01)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cory L. Braun Secretary & Sr. Vice Pres. 1/9/02 800-972-1201 ext 7901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #