

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

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

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)