

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **139057** (4)

1. Corporation Name:  
**FLEET FINANCE, INC.**

Principal Place of Business

**6 EXECUTIVE PARK DR., NE  
SUITE 300  
ATLANTA GA 30329**

Mailing Address

**6 EXECUTIVE PARK DR., NE  
SUITE 300  
ATLANTA GA 30329**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/08/1940</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-0335493</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

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 of person performing duties of registered agent and fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TORKE, MICHAEL J.</b>	
STREET ADDRESS	<b>1333 MAIN STREET</b>	
CITY-ST-ZIP	<b>COLUMBIA SC 02110</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MAKOWIECKI, PETER J</b>	
STREET ADDRESS	<b>1333 MAIN STREET</b>	
CITY-ST-ZIP	<b>COLUMBIA SC 02110</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COVINGTON, P. EMERY</b>	
STREET ADDRESS	<b>211 PERIMETER CENTER PKWY, SUITE 800</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>VS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FRANZEN, THERESE G</b>	
STREET ADDRESS	<b>211 PERIMETER CENTER PKWY, SUITE 800</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WHITE, GORDON W.</b>	
STREET ADDRESS	<b>211 PERIMETER CENTER PKWY, SUITE 800</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30348</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MUTTERPERL, WILLIAM C.</b>	
STREET ADDRESS	<b>ONE FEDERAL STREET</b>	
CITY-ST-ZIP	<b>BOSTON MA 02021</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Brian T. Moynihan</b>	
1.3 STREET ADDRESS	<b>One Federal Way</b>	
1.4 CITY-ST-ZIP	<b>Boston, MA 02110</b>	
2.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Cleveland Fletcher</b>	
2.3 STREET ADDRESS	<b>6 EXECUTIVE PARK DR, NE</b>	
2.4 CITY-ST-ZIP	<b>ATLANTA, GA 30329</b>	
3.1 TITLE	<b>SVP A</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Cory L. Braun</b>	
3.3 STREET ADDRESS	<b>6 EXECUTIVE PARK DR, NE</b>	
3.4 CITY-ST-ZIP	<b>ATLANTA, GA 30329</b>	
4.1 TITLE	<b>SVP A</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>James H. Mackie</b>	
4.3 STREET ADDRESS	<b>6 EXECUTIVE PARK DR, NE</b>	
4.4 CITY-ST-ZIP	<b>ATLANTA, GA 30329</b>	
5.1 TITLE	<b>PCO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Donald F. Armstrong</b>	
5.3 STREET ADDRESS	<b>6 EXECUTIVE PARK DR, NE</b>	
5.4 CITY-ST-ZIP	<b>ATLANTA, GA 30329</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

CR2E034 (10/97)