

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90064 015 ***150.00

0683478 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**



2. Principal Place of Business

3. Mailing Address

6 Executive Park Dr., NE

6 Executive Park Dr., NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Atlanta, GA

City & State

Atlanta, GA

4. FEI Number

59-0335493

Applied For

Not Applicable

Zip

30329

Country

USA

Zip

30329

Country

USA

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
 NAME **D. MOYNIHAN, B.T.**
 STREET ADDRESS **100 FEDERAL STREET**
 CITY-ST-ZIP **BOSTON MA 02110**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T. FLETCHER, C.**
 STREET ADDRESS **6 EXECUTIVE PK DR, NE**
 CITY-ST-ZIP **ATLANTA GA 30329**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VP. BRAUN, C.L.**
 STREET ADDRESS **6 EXECUTIVE PK, DR, NE**
 CITY-ST-ZIP **ATLANTA GA 30329**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D. MCQUADE, EUGENE M**
 STREET ADDRESS **100 FEDERAL STREET**
 CITY-ST-ZIP **BOSTON MA 02110**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **PCD ARMSTRONG, D F**
 STREET ADDRESS **6 EXECUTIVE PK DR NE**
 CITY-ST-ZIP **ATLANTA GA 30329**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **S. MUTTERPERL, WILLIAM C.**
 STREET ADDRESS **100 FEDERAL STREET**
 CITY-ST-ZIP **BOSTON MA 02110**

TITLE ☐ Change ☒ Addition
 NAME **Secretary**
 STREET ADDRESS **Braun, C L**
 CITY-ST-ZIP **6 Executive Park Dr., NE**
Atlanta, GA 30329

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 #

CR2E034 (9/01)