

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 390762 (3)
1. Corporation Name
FLEET FINANCE & MORTGAGE, INC.

Principal Place of Business
6 EXECUTIVE PARK DR., NE
ATLANTA GA 30329
US

Mailing Address
6 EXECUTIVE PARK DR., NE
ATLANTA GA 30329
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/03/1971	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-1115845	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D P C
NAME	TORKE, MICHAEL J.	1.2 NAME	Donald F. Armstrong
STREET ADDRESS	1333 MAIN ST	1.3 STREET ADDRESS	6 EXECUTIVE PARK DR., NE
CITY-ST-ZIP	COLUMBIA SC	1.4 CITY-ST-ZIP	ATLANTA, GA 30329
TITLE	SVPD	2.1 TITLE	SVP A
NAME	LEMOINE, LANCE A.	2.2 NAME	CORY L. BRAUN
STREET ADDRESS	6 EXECUTIVE PARK DR., NE	2.3 STREET ADDRESS	6 EXECUTIVE PARK DR., NE
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	ATLANTA, GA 30329
TITLE	SVPA	3.1 TITLE	
NAME	MACKIE, JANET H.	3.2 NAME	
STREET ADDRESS	6 EXECUTIVE PARK DR., NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	MUTTERPERL, WILLIAM C.	4.2 NAME	
STREET ADDRESS	ONE FEDERAL ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	T VP
NAME	MAKOWIECKI, PETER J.	5.2 NAME	Cleveland Fletcher
STREET ADDRESS	1333 MAIN ST	5.3 STREET ADDRESS	6 EXECUTIVE PARK DR., NE
CITY-ST-ZIP	COLUMBIA SC	5.4 CITY-ST-ZIP	ATLANTA, GA 30329
TITLE		6.1 TITLE	D
NAME		6.2 NAME	Brian T. Moynihan
STREET ADDRESS		6.3 STREET ADDRESS	ONE FEDERAL WAY
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Boston, MA 02110

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.

SIGNATURE: *Walter H. Maslone* 4/28/98 404/320-7300

CR2E034 (10/97)