

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

001320

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90013 021 ***150.00

DOCUMENT # 697842

1. Corporation Name

FLEET HOME EQUITY USA, 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

3. Date Incorporated or Qualified

08/06/1981

4. FEI Number

22-2363412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MOYNIHAN, B T
STREET ADDRESS ONE FED WAY
CITY-STATE-ZIP BOSTON MA 02110

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS One Federal St
1.4 CITY-STATE-ZIP Boston, MA 02110

TITLE PCD ☐ DELETE
NAME ARMSTRONG, DONALD F.
STREET ADDRESS 6 EXECUTIVE PARK DR., NE
CITY-STATE-ZIP ATLANTA GA

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP Atlanta, GA 30329

TITLE SVPA ☒ DELETE
NAME MACKIE, JANET H.
STREET ADDRESS 6 EXECUTIVE PARK DR., NE
CITY-STATE-ZIP ATLANTA GA

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Secretary
3.3 STREET ADDRESS William C. Mutterperl
3.4 CITY-STATE-ZIP One Federal St
Boston, MA 02110

TITLE SVPA ☐ DELETE
NAME BRAUN, C L
STREET ADDRESS 6 EXECUTIVE PARK DR., NE
CITY-STATE-ZIP ATLANTA GA

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP Atlanta, GA 30329

TITLE S ☐ DELETE
NAME MUTTERPERL, WILLIAM
STREET ADDRESS ONE FEDERAL STREET
CITY-STATE-ZIP BOSTON MA

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP Boston, MA 02110

TITLE TVP ☐ DELETE
NAME FLETCHER, C
STREET ADDRESS 6 EXECUTIVE PK DR, NE
CITY-STATE-ZIP ATLANTA GA 30329

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

Cory Braun

Cory Braun, SVP

4/14/99

(404) 679-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)