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Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **848771** **(2)**

1. Corporation Name
FLEET MORTGAGE CORP.

Principal Place of Business	Mailing Address
1333 MAIN ST. STE 700 COLUMBIA SC 29201	P O BOX 11988 COLUMBIA SC 29211 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1981

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt #, etc (22) | Suite, Apt #, etc (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: 57-0546906 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TORKE, MICHAEL J.		1.2 NAME		
STREET ADDRESS	1333 MAIN STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA SC		1.4 CITY-ST-ZIP		
TITLE	CFOD	☑ DELETE	2.1 TITLE	CFOD	☐ Change ☑ Addition
NAME	MAKOWIECKI, PETER F.		2.2 NAME	William R. Naryka	
STREET ADDRESS	1333 MAIN STREET		2.3 STREET ADDRESS	1333 Main Street	
CITY-ST-ZIP	COLUMBIA SC		2.4 CITY-ST-ZIP	Columbia SC 29201	
TITLE	EVPD	☑ DELETE	3.1 TITLE	EVPD	☐ Change ☑ Addition
NAME	CARDOZA, ANTHONY B.		3.2 NAME	Richard D. Flanig	
STREET ADDRESS	1333 MAIN STREET		3.3 STREET ADDRESS	1333 Main Street	
CITY-ST-ZIP	COLUMBIA SC		3.4 CITY-ST-ZIP	Columbia SC 29201	
TITLE	VPAS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHIELDS, RANDAL D.		4.2 NAME		
STREET ADDRESS	1333 MAIN STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA SC		4.4 CITY-ST-ZIP		
TITLE	VO	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SPERLING, DONNA P		5.2 NAME		
STREET ADDRESS	1333 MAIN ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA SC		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, JOHN		6.2 NAME		
STREET ADDRESS	104 WATSON WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA SC		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: Donna P Sperling Donna P. Sperling 4/13/98 803-939-7841