

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

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Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **853705** (2)  
1. Corporation Name  
**FLEET CAPITAL CORPORATION**



Principal Place of Business <b>111 WESTMINSTER ST. 9TH FLOOR PROVIDENCE RI 02903 US</b>	Mailing Address <b>111 WESTMINSTER ST. 9TH FLOOR PROVIDENCE RI 02903-2305 US</b>
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2. Principal Place of Business 21 <b>200 GLASTONBURY BLVD.</b> Suite, Apt. #, etc. 22 City & State 23 <b>GLASTONBURY, CT</b> Zip Country 24 <b>06033 U.S.A.</b>	2a. Mailing Address 26 <b>200 GLASTONBURY BLVD.</b> Suite, Apt. #, etc. 27 City & State 28 <b>GLASTONBURY, CT</b> Zip Country 29 <b>06033 U.S.A.</b>
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3. Date Incorporated or Qualified <b>08/09/1982</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>05-0342167</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>CD MURRAY, TERRANCE J.</b>
STREET ADDRESS	<b>274 BENEFIT STREET</b>
CITY-ST-ZIP	<b>PROVIDENCE RI</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P CHAMIDES, RONALD H</b>
STREET ADDRESS	<b>111 WESTMINSTER ST.</b>
CITY-ST-ZIP	<b>PROVIDENCE RI</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>V NIKOLA, NORA B</b>
STREET ADDRESS	<b>111 WESTMINSTER STREET</b>
CITY-ST-ZIP	<b>PROVIDENCE RI</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>S MUTTERPERL, WILLIAM</b>
STREET ADDRESS	<b>275 ANGELL ST.</b>
CITY-ST-ZIP	<b>PROVIDENCE RI</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>T PANNONE, RICHARD R.</b>
STREET ADDRESS	<b>33 CIDER LANE</b>
CITY-ST-ZIP	<b>GREENVILLE RI</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D DIMARTINO, RITA F</b>
STREET ADDRESS	<b>111 WESTMINSTER STREET</b>
CITY-ST-ZIP	<b>PROVIDENCE RI</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>C/D BLAND, PETER G.</b>
1.3 STREET ADDRESS	<b>200 GLASTONBURY BLVD.</b>
1.4 CITY-ST-ZIP	<b>GLASTONBURY, CT 06033</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>P/D TEICH, IRWIN</b>
3.3 STREET ADDRESS	<b>300 Galleria Parkway, N.W.</b>
3.4 CITY-ST-ZIP	<b>Atlanta, GA 30339</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>V/S CLARKE, TIMOTHY A.</b>
4.3 STREET ADDRESS	<b>200 GLASTONBURY BLVD.</b>
4.4 CITY-ST-ZIP	<b>GLASTONBURY, CT 06033</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>T MUSINSKI, LOUIS J.</b>
5.3 STREET ADDRESS	<b>200 GLASTONBURY BLVD.</b>
5.4 CITY-ST-ZIP	<b>GLASTONBURY, CT 06033</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>V BAILEY, ROSEMARY</b>
6.3 STREET ADDRESS	<b>200 GLASTONBURY BLVD.</b>
6.4 CITY-ST-ZIP	<b>GLASTONBURY, CT 06033</b>

14. I do 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: Rosemary Bailey 3/27/97 (860) 659-3200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ROSEMARY BAILEY, VICE PRESIDENT

CR2E034 (9/96)