

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90081 025 ***150.00

DOCUMENT # 853705

1. Entity Name

FLEET CAPITAL CORPORATION

Principal Place of Business

200 GLASTONBURY BLVD
 GLASTONBURY CT 06033
 US

Mailing Address

200 GLASTONBURY BLVD
 GLASTONBURY CT 06033
 US

2. Principal Place of Business

ONE FINANCIAL PLAZA

3. Mailing Address

Suite, Apt. #, etc.

City & State

PROVIDENCE, RI

City & State

Zip

02903

Country

U.S.A.

Zip

Country

4. FEI Number

05-0342167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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, 2001 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

TITLE **D** ☐ Delete
 NAME **CHAMIDES, RONALD H**
 STREET ADDRESS **111 WESTMINSTER ST.**
 CITY-ST-ZIP **PROVIDENCE RI**

TITLE **PD** ☐ Delete
 NAME **TEICH, IRWIN**
 STREET ADDRESS **300 GALLERIA PKWY NW**
 CITY-ST-ZIP **ATLANTA GA**

TITLE **VS** ☐ Delete
 NAME **CLARKE, TIMOTHY A**
 STREET ADDRESS **200 GLASTONBURY BLVD**
 CITY-ST-ZIP **GLASTONBURY CT**

TITLE **T** ☐ Delete
 NAME **MUSINKI, LOUIS J**
 STREET ADDRESS **200 GLASTONBURY BLVD**
 CITY-ST-ZIP **GLASTONBURY CT**

TITLE **V** ☒ Delete
 NAME **BAILEY, ROSEMARY**
 STREET ADDRESS **200 GLASTONBURY BLVD**
 CITY-ST-ZIP **GLASTONBURY CT**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **VICE PRESIDENT**
 STREET ADDRESS **PETER SCALARO**
 CITY-ST-ZIP **200 GLASTONBURY BLVD,
 GLASTONBURY, CT 06033**

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

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:

PETER SCALARO V.P.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER SCALARO
VICE PRESIDENT

4/24/01
 Date

(860) 659-3200
 Daytime Phone #

CR2E034 (10/00)

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