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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **F93000002869 (6)**

1. Corporation Name
FLEET MANAGEMENT AND RECOVERY CORPORATION

200001490532
-05/17/95--01040--024
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
245 SUMMER STREET. MABOR12F BOSTON MA 02209-9173	245 SUMMER STREET. MABOR12F BOSTON MA 02209-9173

3. Date Incorporated or Qualified: 06/21/1993
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 05-0345240 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	MACDONALD, GEORGINA	12 NAME		
STREET ADDRESS	245 SUMMER ST.	13 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA	14 CITY-ST-ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	THIBODEAU, JOHN	22 NAME		
STREET ADDRESS	114 METROPOLITAN AVE	23 STREET ADDRESS		
CITY-ST-ZIP	ASHLAND MA 02170	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	NELLSON, ROBERT L	32 NAME	Dean T. Holt	
STREET ADDRESS	30 DOWNING STREET	33 STREET ADDRESS	50 Kennedy Plaza	
CITY-ST-ZIP	EAST GREENWICH RI 02917	34 CITY-ST-ZIP	Providence, RI	
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	FITTS, PETER C	42 NAME	H. Tony Sarles	
STREET ADDRESS	228 HARRIS ROAD	43 STREET ADDRESS	50 Kennedy Plaza	
CITY-ST-ZIP	SMITHFIELD RI 02917	44 CITY-ST-ZIP	Providence, RI	
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	FULLER, SHARON	52 NAME		
STREET ADDRESS	245 SUMMER ST.	53 STREET ADDRESS		
CITY-ST-ZIP	MIDDLETOWN CT	54 CITY-ST-ZIP		
TITLE	S	61 TITLE	S	☒ Change ☐ Addition
NAME	REAGAN, PATRICK	62 NAME	Gabriel Miller	
STREET ADDRESS	245 SUMMER ST.	63 STREET ADDRESS	245 Summer St.	
CITY-ST-ZIP	BOSTON MA	64 CITY-ST-ZIP	Boston, MA	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: S.M. Fuller S.M. FULLER 4/25/95 (617) 573-7160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0473400 FP