FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000002431 (4)**

1. Corporation Name
ASSET BASED DIVISION, INC.

Principal Place of Business	Mailing Address
5901-A PEACHTREE DUNWOODY ROAD SUITE 300 ATLANTA GA 30328	5901-A PEACHTREE DUNWOODY ROAD SUITE 300 ATLANTA GA 30328

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/10/1994
3a. Date of Last Report:

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: ~~APPLIED FOR~~ 05-6008768 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

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	D	11 TITLE	☐ Change ☐ Addition
NAME	WATSON, RICHARD A	12 NAME	
STREET ADDRESS	40 WESTMINSTER STREET	13 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE TI	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	~~SOUTTER, THOMAS D~~	22 NAME	Wayne W JUCHATZ
STREET ADDRESS	40 WESTMINSTER STREET	23 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE TI	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	DAVIS, STEPHEN J	32 NAME	
STREET ADDRESS	10 DORRANCE STREET	33 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE TI	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	FAHLBECK, DOUGLAS A	42 NAME	
STREET ADDRESS	40 WESTMINSTER STREET	43 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	GILIOTTI, STEPHEN A	52 NAME	
STREET ADDRESS	40 WESTMINSTER STREET	53 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☒ Change ☐ Addition
NAME	~~BRACKEN, JOHN H~~	62 NAME	ELIZABETH C. PERKINS
STREET ADDRESS	40 WESTMINSTER STREET	63 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	64 CITY-ST-ZIP	

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: Sharon E. Sleek, Sr. Corp. Counsel 4/26/95 (404)(813)-1457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Sharon E. Sleek

0398001 FP