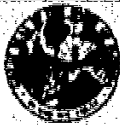


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morgan
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.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

05/10/1994

4. FEI Number 4b. Applied For

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 29. Country

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

Signature, typed or printed name of registered agent and fee applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WATSON, RICHARD A	1.2 NAME	
STREET ADDRESS	40 WESTMINSTER STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	PROVIDENCE RI	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	SCOUTER, THOMAS D	2.2 NAME	Wayne W JUCHATZ
STREET ADDRESS	40 WESTMINSTER STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	PROVIDENCE RI	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, STEPHEN J	3.2 NAME	
STREET ADDRESS	10 DORRANCE STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	PROVIDENCE RI	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	FAHLBECK, DOUGLAS A	4.2 NAME	
STREET ADDRESS	40 WESTMINSTER STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	PROVIDENCE RI	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	GILIOTTI, STEPHEN A	5.2 NAME	
STREET ADDRESS	40 WESTMINSTER STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	PROVIDENCE RI	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	☒ Change ☐ Addition
NAME	BRACKEN, JOHN H	6.2 NAME	ELIZABETH C. PERKINS
STREET ADDRESS	40 WESTMINSTER STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	PROVIDENCE RI	6.4 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)(b), 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 K. Sork
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHARON K. SORK

4/26/95 (404)(913)-1451