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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **F95000003038 (5)**

1. Corporation Name

**PATTEN RECEIVABLES FINANCE CORPORATION X**

| Principal Place of Business | Mailing Address |
|---|---|
| 5295 TOWN CENTER RD., STE 400<br>BOCA RATON FL 33486 | 5295 TOWN CENTER RD., STE 400<br>BOCA RATON FL 33486 |

3. Date Incorporated or Qualified: **06/23/1995**

3a. Date of Last Report:

2. Principal Place of Business
21:
Street Apt. #, etc.
22:
City & State
23:
Zip
24:
Country
25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip
29:
Country
30:

4. FEI Number: APPLIED FOR 65-0594799 ☐ 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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**
**1201 HAYS STREET**
**SUITE 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 (Required if this is a change of registered agent. Typed or printed name of registered agent and title if applicable.) (Both Registered Agent Signature Required When Reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | DCPS | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RONDEAU, PATRICK E | | 1.2 NAME | | |
| STREET ADDRESS | 5295 TOWN CENTER RD., STE 400 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL 33486 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VCT | ☐ DELETE | 2.1 TITLE | VCTD | ☒ Change ☐ Addition |
| NAME | MURRAY, ALAN L | | 2.2 NAME | MURRAY, ALAN L | |
| STREET ADDRESS | 5295 TOWN CENTER RD., STE 400 | | 2.3 STREET ADDRESS | 5295 TOWN CENTER ROAD | |
| CITY-ST-ZIP | BOCA RATON FL 33486 | | 2.4 CITY-ST-ZIP | BOCA RATON, FL 33486 | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DOLAN, TIMOTHY | | 3.2 NAME | | |
| STREET ADDRESS | 26 UNION ST | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NORTH ADAMS MA 01247 | | 3.4 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KOSCHER, DANIEL C | | 4.2 NAME | | |
| STREET ADDRESS | 5295 TOWN CENTER RD., STE 400 | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL 33486 | | 4.4 CITY-ST-ZIP | 700001720387 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | -02/21/96--01046--003 | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | ***200.00 | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

2.21

CR2E034 (12/95)

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)(k), 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:** Patrick E. Rondeau PATRICK E. RONDEAU 1/19/96 407-361-2705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #