

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90133 034 \*\*\*150.00

DOCUMENT # F95000003038

1. Corporation Name

PATTEN RECEIVABLES FINANCE CORPORATION X

Principal Place of Business

5295 TOWN CENTER RD., STE 400  
BOCA RATON FL 33486

Mailing Address

5295 TOWN CENTER RD., STE 400  
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1995

4. FEI Number

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4960 Blue Lake Drive

2a. Mailing Address

26 4960 Blue Lake Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Boca Raton, FL

City & State

28 Boca Raton, FL

Zip Country

24 33431

25

Zip Country

29 33431

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCPS ☐ DELETE  
NAME RONDEAU, PATRICK E  
STREET ADDRESS 5295 TOWN CENTER RD., STE 400  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE T ☐ DELETE  
NAME CHISTE, JOHN F  
STREET ADDRESS 5295 TOWN CENTER RD  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE D ☐ DELETE  
NAME DOLAN, TIMOTHY  
STREET ADDRESS 26 UNION ST  
CITY-ST-ZIP NORTH ADAMS MA 01247

TITLE V ☐ DELETE  
NAME KOSCHER, DANIEL C  
STREET ADDRESS 5295 TOWN CENTER RD., STE 400  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE D ☐ DELETE  
NAME FERGUSON, DANNY L  
STREET ADDRESS 5295 TOWN CENTER RD  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 4960 Blue Lake Drive  
1.4 CITY-ST-ZIP Boca Raton, FL 33431

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 4960 Blue Lake Drive  
2.4 CITY-ST-ZIP Boca Raton, FL 33431

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 4960 Blue Lake Drive  
4.4 CITY-ST-ZIP Boca Raton, FL 33431

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS 4960 Blue Lake Drive  
5.4 CITY-ST-ZIP Boca Raton, FL 33431

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/7/99

(561) 912-8005

Date

Daytime Phone #

CR2E034 (11/98)