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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **F95000005950 (9)**

1. Corporation Name
FLEET FINANCE, INC. OF RHODE ISLAND

Principal Place of Business	Mailing Address
211 PERIMETER CENTER PKWY. SUITE 800 ATLANTA GA 30346	211 PERIMETER CENTER PKWY. SUITE 800 ATLANTA GA 30346-1305

3. Date Incorporated or Qualified: 12/01/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 6 Executive Park Dr., NE
22 Suite, Apt. #, etc.
23 City & State: Atlanta, GA
24 Zip: 30329
25 Country: USA

2a. Mailing Address
26 6 Executive Park Dr., NE
27 Suite, Apt. #, etc.
28 City & State: Atlanta, GA
29 Zip: 30329
30 Country: USA

4. FEI Number: 58-1162405 ☐ 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOC	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	TORKE, MICHAEL J.		1.2 NAME	Torke, Michael J.	
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800		1.3 STREET ADDRESS	1333 Main Street	
CITY-ST-ZIP	ATLANTA GA 30346		1.4 CITY-ST-ZIP	Columbia, SC 29201	
TITLE	P	☒ DELETE	2.1 TITLE	P/C/D	☐ Change ☒ Addition
NAME	WHITE, GORDON W		2.2 NAME	Armstrong, Donald F.	
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800		2.3 STREET ADDRESS	6 Executive Park Dr., NE	
CITY-ST-ZIP	ATLANTA GA 30346		2.4 CITY-ST-ZIP	Atlanta, GA 30329	
TITLE	DV	☒ DELETE	3.1 TITLE	SVP/AS/D	☐ Change ☒ Addition
NAME	COVINGTON, P. E		3.2 NAME	Lemoine, Lance A.	
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800		3.3 STREET ADDRESS	6 Executive Park Dr., NE	
CITY-ST-ZIP	ATLANTA GA 30346		3.4 CITY-ST-ZIP	Atlanta, GA 30329	
TITLE	S	☐ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	MUTTERPERL, WILLIAM C.		4.2 NAME	Mutterperl, William C.	
STREET ADDRESS	111 WESTMINISTER ST.		4.3 STREET ADDRESS	One Federal Street	
CITY-ST-ZIP	PROVIDENCE RI 02903		4.4 CITY-ST-ZIP	Boston MA 02110	
TITLE	T	☒ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME	PANNONE, RICHARD R.		5.2 NAME	Makowiecki, Peter J.	
STREET ADDRESS	111 WESTMINISTER ST.		5.3 STREET ADDRESS	1333 Main Street	
CITY-ST-ZIP	PROVIDENCE RI 02903		5.4 CITY-ST-ZIP	Columbia, SC 29211	
TITLE	VAS	☒ DELETE	6.1 TITLE	SVP/AS	☐ Change ☒ Addition
NAME	FRANZEN, THERESE G		6.2 NAME	Mackie, Janet H.	
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800		6.3 STREET ADDRESS	6 Executive Park Dr., NE	
CITY-ST-ZIP	ATLANTA GA 30346		6.4 CITY-ST-ZIP	Atlanta, GA 30329	

CR2E034 (9/96)

14. I do 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.

(404) 320-2700

SIGNATURE: _____, Monique Bourgeois, AVP/Asst. Sec 04/28/97