

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 # **H34281** (6)

1. Corporation Name

AUTO PLACEMENT CENTER, INC.



Principal Place of Business

**160 AMARAL ST
EAST PROVIDENCE RI 02915
US**

Mailing Address

**160 AMARAL ST.
EAST PROVIDENCE RI 02915
US**

3. Date Incorporated or Qualified
12/14/1984

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

59-2478026

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

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 true legal address

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SPD	<input type="checkbox"/> DELETE
NAME	LYONS, ROBERT P., JR.	
STREET ADDRESS	160 AMARAL STREET	
CITY-STATE-ZIP	E. PROVIDENCE RI	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LYONS, ROBERT P., SR.	
STREET ADDRESS	160 AMARAL STREET	
CITY-STATE-ZIP	E. PROVIDENCE RI	
TITLE	Senior Vice President-MIS	<input type="checkbox"/> DELETE
NAME	Lyons, Joseph W.	
STREET ADDRESS	160 Amaral Street	
CITY-STATE-ZIP	East Providence, RI 02915	
TITLE	Senior Vice President-Finance	<input type="checkbox"/> DELETE
NAME	DelBonis, James A.	
STREET ADDRESS	160 Amaral Street	
CITY-STATE-ZIP	East Providence, RI 02915	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Halliday, Daniel W.	
STREET ADDRESS	160 Amaral Street	
CITY-STATE-ZIP	East Providence, RI 02915	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Kuehfus, Richard J.	
STREET ADDRESS	160 Amaral Street	
CITY-STATE-ZIP	East Providence, RI 02915	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Ex-Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lyons, John E.	
1.3 STREET ADDRESS	160 Amaral Street	
1.4 CITY-STATE-ZIP	East Providence, RI 02915	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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)(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:

James A. DelBonis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96

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CR2E034 (12/95)