

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

FILED

Mar 18 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 # H34281

(6)

1. Corporation Name
AUTO PLACEMENT CENTER, INC.

Principal Place of Business
180 AMARAL ST
EAST PROVIDENCE RI 02915
US

Mailing Address
180 AMARAL ST.
EAST PROVIDENCE RI 02915-2223
US



2. Principal Place of Business

2a. Mailing Address

21 State, 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

3 Date Incorporated or Qualified
12/14/1984

3a. Date of Last Report
03/05/1996

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

(Changed in December, 1996)

10. Name and Address of New Registered Agent

81 Name
National Registered Agents, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)
526 East Park Avenue

83

84 City
Tallahassee

FL

85 Zip Code
32301

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

Marie M. D'Amico (MARIE M. D'Amico) Asst. Secretary of National Registered Agents
3-12-97

(Signature type for proper name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SPD
LYONS, ROBERT P., JR.
180 AMARAL STREET
E. PROVIDENCE RI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
LYONS, ROBERT P., SR.
180 AMARAL STREET
E. PROVIDENCE RI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SVP
LYONS, JOSEPH W
180 AMARAL ST
E PROVIDENCE RI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SVP
DELBONIS, JAMES A
180 AMARAL ST
E PROVIDENCE RI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
HALLIDAY, DANIEL W
180 AMARAL ST
E PROVIDENCE RI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
KUEHFUS, RICHARD J
180 AMARAL ST
E PROVIDENCE RI

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Executive Vice President
John E. Lyons
160 Amaral Street
East Providence, RI 02915

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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.

SIGNATURE: James A. DelBorris James A. DelBorris

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

(401) 434-8760

Date

Daytime Phone #

0001128

CR2E034 (9/96)