FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -6 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P35500 (8)

1. Corporation Name
PHH FLEETAMERICA CORPORATION

Principal Place of Business	Mailing Address
307 INTERNATIONAL CIRCLE MAIL CODE CP COCKEYSVILLE HUNT VALLEY MD 21030-1337	307 INTERNATIONAL CIRCLE MAIL CODE CP COCKEYSVILLE HUNT VALLEY MD 21030-1337

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/22/1991
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 52-0792989 ☐ 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 S. PINE ISLAND RD.
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 _____ DATE
(Typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when necessary

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	KUNISCH, ROBERT D.	12 NAME	
STREET ADDRESS	11333 MCCORMICK RD.	13 STREET ADDRESS	
CITY-ST-ZIP	HUNT VALLEY MD	14 CITY-ST-ZIP	
TITLE	VCD	21 TITLE	☐ Change ☐ Addition
NAME	MEIERHENRY, ROY A.	22 NAME	
STREET ADDRESS	11333 MCCORMICK RD.	23 STREET ADDRESS	
CITY-ST-ZIP	HUNT VALLEY MD	24 CITY-ST-ZIP	
TITLE	DP	31 TITLE	☐ Change ☐ Addition
NAME	ADLER, WILLIAM F.	32 NAME	
STREET ADDRESS	307 INTERNATIONAL CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	HUNT VALLEY MD	34 CITY-ST-ZIP	
TITLE	VP DELETE	41 TITLE	CONTROLLER ☒ Change ☐ Addition
NAME	WYCOFF,KATHLEEN F.	42 NAME	TERRY A. FOWBLE
STREET ADDRESS	307 INTERNATIONAL CIRCLE	43 STREET ADDRESS	307 INTERNATIONAL CIRCLE
CITY-ST-ZIP	HUNT VALLEY MD	44 CITY-ST-ZIP	HUNT VALLEY, MD 21030-1337
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	MACLURE, LAURENS JR	52 NAME	
STREET ADDRESS	307 INTERNATIONAL CIRCLE	53 STREET ADDRESS	
CITY-ST-ZIP	HUNT VALLEY MD	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, ROBERT W.	62 NAME	
STREET ADDRESS	11333 MCCORMICK RD.	63 STREET ADDRESS	
CITY-ST-ZIP	HUNT VALLEY MD	64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is absolutely true and 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 above, or on an attachment with an address.

SIGNATURE: _____ 2/22/95 410-771-2335
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Telephone Number
Laurens MacLure, Jr., SVP

0567327 FP