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 APR 27 AM 7:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P37951 (1)

1. Corporation Name
PROMPT FINANCE INCORPORATED

Principal Place of Business	Mailing Address
PROMPT FINANCE INC 30 MONUMENT SQ CONCORD MA 01742 US	30 MONUMENT SQUARE CONCORD MA 01742

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/10/1992
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: 04-2990210 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24: Country — 25: Zip — 29: Country — 30:
9. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLINGHAM, LESLIE W.	1.2 NAME		
STREET ADDRESS	21 FAIRGROUNDS RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	GROTON MA	1.4 CITY-ST-ZIP		
TITLE	DP	2.1 TITLE		☐ Change ☐ Addition
NAME	WICKFIELD, ERIC N.	2.2 NAME		
STREET ADDRESS	21 FAIRGROUNDS RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	GROTON MA	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	STONE, PETER J.	3.2 NAME		
STREET ADDRESS	68 ENNERDALE RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND, ENGLAND	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	KENT, RODERICK D.	4.2 NAME		
STREET ADDRESS	WOLVERTON COTTAGE	4.3 STREET ADDRESS		
CITY-ST-ZIP	BASINGSALE, ENGLAND	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE	S	☒ Change ☐ Addition
NAME	MOORE, MARLENE K.	5.2 NAME	Boudro, Michelle L.	
STREET ADDRESS	47 JERICHO RD.	5.3 STREET ADDRESS	40 Spruce Street	
CITY-ST-ZIP	PELHAM NH	5.4 CITY-ST-ZIP	Acton, MA 01720	
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	WILLINGHAM, LESLIE W.	6.2 NAME		
STREET ADDRESS	21 FAIRGROUNDS RD.	6.3 STREET ADDRESS		
CITY-ST-ZIP	GRONTON MA	6.4 CITY-ST-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)(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: Michelle L Boudro 4/20/95 (508)369-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Michelle L. Boudro - Secretary

0474002 FP