

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
KATHLEEN B. MURPHY
COMMISSIONER
TALLAHASSEE, FLORIDA 32399-0001

**APPROVED
AND
FILED**

95 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P39861** (0)
1. Corporation Name
VAN LIEW CAPITAL INC.

DO NOT WRITE IN THIS SPACE

Principal Office (Incorporation) **ONE REGENCY PLAZA PROVIDENCE RI 02903**
Mailing Address **ONE REGENCY PLAZA PROVIDENCE RI 02903**

3. Date of Incorporation or Qualification 07/30/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 05-0407545	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under 5-199.035 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Office (Incorporation) 21	2b. Mailing Address 26
State (Applicable) 22	State (Applicable) 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 30	

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
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11. Pursuant to the provisions of sections 220.01 and 220.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of fact in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. (Only natural persons and a corporation incorporated in the State of Florida qualify.)

SIGNATURE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS																												
<table border="1"> <tr> <td>NAME</td> <td>PT VAN LIEW, ALFRED B. ONE REGENCY PLAZA PROVIDENCE RI</td> <td>Change</td> <td>Add</td> </tr> <tr> <td>NAME</td> <td>V OATES, KEVIN M. ONE REGENCY PLAZA PROVIDENCE RI</td> <td>Change</td> <td>Add</td> </tr> <tr> <td>NAME</td> <td>S BENNETT, EDMUND C. 1500 FLEET CENTER PROVIDENCE RI</td> <td>Change</td> <td>Add</td> </tr> <tr> <td>NAME</td> <td></td> <td>Change</td> <td>Add</td> </tr> <tr> <td>NAME</td> <td></td> <td>Change</td> <td>Add</td> </tr> <tr> <td>NAME</td> <td></td> <td>Change</td> <td>Add</td> </tr> <tr> <td>NAME</td> <td></td> <td>Change</td> <td>Add</td> </tr> </table>	NAME	PT VAN LIEW, ALFRED B. ONE REGENCY PLAZA PROVIDENCE RI	Change	Add	NAME	V OATES, KEVIN M. ONE REGENCY PLAZA PROVIDENCE RI	Change	Add	NAME	S BENNETT, EDMUND C. 1500 FLEET CENTER PROVIDENCE RI	Change	Add	NAME		Change	Add	NAME		Change	Add	NAME		Change	Add	NAME		Change	Add	
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14. I, the undersigned, certify that the information supplied with this filing is accurate, complete and correct, and that the corporation is in compliance with the provisions of sections 220.01 and 220.02, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the corporation shall have the same kept on file in its office. That I am an officer or director of the corporation at the time of filing this report as required by Chapter 220, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director.

SIGNATURE: *Kevin M. Oates* **KEVIN M. OATES** *5/4/95* *401-272-2510*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR