James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

401-22

PROFIT CORPORAT	ION	ANNUAL	REPORT	FOR	THE	YEAR	2000
Filing Period: January 1-Marci	h 1 •	Filing Fee: \$50	.00				

STOP PLLW, RUG INSTRUCTION
IXMET HOX

(FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. 85687 Rhode Island/EquiCredit Corporation 3 Street Address Princip NC1-021-03-09 State Zip**401 N TRYON ST CHARLOTTE NC 28256** 4 Business Phone No. 6 SIC Code 5. State of Incorporation 6148 704-357-3350 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island unance 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Haroid City Citi City City 20 State Zip State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS mes B. City Zip Director Name Street Address City State Zip State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES NONE NONE ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series 10,000 SHS \$1.00 PAR VAL

company merged effective 11-30-99

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Etle Date: 2-28-00
Check No. 0003660748

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein appyrue and correct.

that all statements contained nerein and true and correct

Significate of Officer Dute

Print or Type Name of Officer

fitle of Officer

1. Corporate ID No.

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 -Filing Period: January 1-March 1 • Filing Fee: \$50.00

2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)



(904) 457-5000 7. Brief Description of the Character of Business Conducted in Rhode Mortgage Lending/Credit Life Inst 8. NAMES AND ADDRESSES OF THE OFFICERS President Name William M. Ross Street Address 10401 Deerwood Park Blvd. City State Jacksonville FL	urance (*x* BOX FOR ATTACHM	Jacksonville HENT) FILL IN SPACES I Vice President Name James B. Dodd Street Address	State FL BEFORE USING ATTACHM	32256 6 SIC Code 6148
4. Business Phone No. (904) 457-5000 7. Brief Description of the Character of Business Conducted in Rhode Mortgage Lending/Credit Life Inst 8. NAMES AND ADDRESSES OF THE OFFICERS President Name William M. Ross Street Address 10401 Deerwood Park Blvd. City State Jacksonville FL	RHODE ISLAND Island Urance (*X* BOX FOR ATTACHM	GENT) FILL IN SPACES I Vice President Name James B. Dodd		6 SIC Code 6148
7. Brief Description of the Character of Business Conducted in Rhode Mortgage Lending/Credit Life Inst 8. NAMES AND ADDRESSES OF THE OFFICERS President Name William M. Ross Street Address 10401 Deerwood Park Blvd. City State Jacksonville FL	Island Urance (*X* BOX FOR ATTACHM	Vice President Name James B. Dodd	BEFORE USING ATTACHM	
Mortgage Lending/Credit Life Inst B. NAMES AND ADDRESSES OF THE OFFICERS President Name William M. Ross Street Address 10401 Deerwood Park Blvd. The State Jacksonville FL	urance (*x* BOX FOR ATTACHM	Vice President Name James B. Dodd	BEFORE USING ATTACHM	IENTS
B. NAMES AND ADDRESSES OF THE OFFICERS President Name William M. Ross treet Address 10401 Deerwood Park Blvd. The State Jacksonville FL	(*X* BOX FOR ATTACHM	Vice President Name James B. Dodd	BEFORE USING ATTACHM	IENTS
President Name William M. Ross Street Address 10401 Deerwood Park Blvd. State Jacksonville FL		Vice President Name James B. Dodd	BEFORE USING ATTACHM	IENTS
William M. Ross Internations 10401 Deerwood Park Blvd. State Jacksonville FL	·	James B. Dodd		·
10401 Deerwood Park Blvd. The State Address State Tacksonville FL	t in			
10401 Deerwood Park Blvd. State Jacksonville FL	t.a.	Street Address		
Jacksonville FL			_	
Jacksonville FL		10401 Deerwood		
	/ip 2225 <i>6</i>	City	State	Z1p
ectetaty Name	32256	Jacksonville	FL	32256
James B. Dodd		Treasurer Name	_	
itreet Address		Michael E. Fran	Z	
10401 Deerwood Park Blvd.		Street Address 10401 Deerwood	Dark Dlud	
	Zip	City	State	4 -
	32256	Jacksonville	FL	Հգ 32256
9. NAMES AND ADDRESSES OF THE DIRECTOR			- -	
Director Name	CS CA BOX FOR ATTAC	Director Name	S BEFORE USING ATTACH	IMENIS
William M. Ross		James B. Dodd		
Street Address		Street Address		
10401 Deerwood Park Blvd.		10401 Deerwood	Park Blud	
	(ip	City	State	Zip
Jacksonville FL	32256	Jacksonville	FL	32256
Kenneth F. Jones				
treet Address		Street Address		
10401 Deerwood Park Blvd.				
ity State ?	(ip	City	State	Zip
Jacksonville FL	32256			
IO. SHARES AUTHORIZED ("X" BOX FOR ATTACHMEI AUTHORIZED SHARES	NT)	11. SHARES ISSUED (*)	X* BOX FOR ATTACHMENT)	•
Sumber of Shares Class/Series f	Par Value	Number of Shares	Class/Senes	Par Value
10,000 SHS \$1.00 PAR VAL		5,000	None	\$1.00
		-,		72.00

	* 8 5 6 8 7 *
File Date:	03-3109
Gheck No.:	2943641
Ву	
FOR SECRETARY OF	STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are you and correct. Ma<u>rch 17, 1</u>999___ Signature of Officer Date

James B. Dodđ Print or Type Name of Officer

Vice President

Title of Officer

(FORM MUST BE TYPED IN BLACK)

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Periody January 1-March 1 • Filing Fee: \$50.00

STOP TIT VST READ INSTRECTIONS

1. Corporate ID No 2 Name of Corporation 85687 Rhode Island/EquiCredit Corporation 3. Street Address Principal Business Office State Zip 10401 Deerwood Park Blvd. Jacksonville FL 32256 4. Business Phone No 6. SIC Code 904/987-5000 **RHODE ISLAND** 6148 7. Brief Description of the Character of Business Conducted in Rhode Island Mortgage Lending/Credit Life Insurance 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Rodolfo F. Engmann James B. Dodd Street Address Street Address 10401 Deerwood Park Blvd. 10401 Deerwood Park Blvd. State City Jacksonville FL 32256 Jacksonville FL 32256 Secretary Name Treasurer Name James B. Dodd Michael E. Franz Street Address Street Address 10401 Deerwood Park Blvd. 10401 Deerwood Park Blvd. City State State Jacksonville FL 32256 Jacksonville FL32256 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Rodolfo F. Engmann James B. Dodd Street Address Street Address 10401 Deerwood Park Blvd. 10401 Deerwood Park Blvd. City Jacksonville FL 32256 32256 Jacksonville FL Director Name Director Name Kenneth F. Jones None Street Address Street Address 10401 Deerwood Park Blvd. State City Z_{1p} Jacksonville FL 32256 10. SHARES AUTHORIZED (*X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

5,000



File Date: 3-20-98 16, 11 LS [] [7] 1111

Check No. ___ 150328_

10,000 SHS \$1.00 PAR VAL

ECENÁED AG_____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

None

James B. Dodd

Print or Type Name of Officer Vice President

Title of Officer



\$1.00

James R. Langevin, Secretary of State Curporations Division 100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

I. Corporate ID No.

2 Name of Corporation

85687

4 Business Phone No.

401-732-5125

Rhode Island/EquiCredit Corporation

3. Street Address Principal Business Office 300 Centerville Road, #210

State

RI

Zip 11590

5. State of Incorporation

RHODE ISLAND

6 SIC Code 6148

7. Brief Description of the Character of Business Conducted in Rhode Island

Mortgage Lending

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

FL

Jeffrey C. Larsen

Charles H. Wallace, Jr.

Street Addres 10410 Deerwood Park Blvd.

10401 Deerwood Park Blvd.

32256

Warwick

10401 Deerwood Park Blvd.

FL

32256

Secretary Name

Street Address

City

Stephen R. Veth

Jacksonville

Treasurer Name

Thomas C. Antoine

Jacksonville

Street Address

10401 Deerwood Park Blvd.

City Jacksonville

32256

Jacksonville

FL

32256

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

Jeffrey C. Larsen

Street Address

Terence G. Vane, Jr.

Street Address

10401 Deerwood Park Blvd.

City Jacksonville

10401 Deerwood Park Blvd.

Jacksonville

Director Name

FL

32256

Director Name

Street Address

FL

32256

Street Address

Charles H. Wallace, Jr.

City

10401 Deerwood Park Blvd.

FL

^{zip}32256

City

State

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES Number of Shares

Class/Series

ISSUED SHARES

Number of Shares

Class/Senes

Par Value

10,000 SHS \$1.00 PAR VAL

Jacksonville

Por Value

5,000

Common

\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Charles H. Wallace, Jr. Executive Vice Pres. Print of Type Name of Officer

Executive Vice President

Title of Officer

PROET CORPORATION **ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State

Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

			'nini in black ink.		
1. CORPORATE IO NO.	2. NAME OF CORPORATION		THE THE DESIGN THE.		
85687	Rhode :	Island/EquiCred	lit Corporation		
3. STREET ADORESS PRINCIPAL BUSINESS O		•	απί	STATE	ZIP COOE
300 Centreville	Road #210		warwick	RI	02886-0200
BUSINESS PHONE NO. 401-732-0108	• •	5 STATE OF INCORPORATION RHODE IS	SLAND		6148
. Brief description of the Character o	F BUSHIESS CONDUCTED IN RHODE ISL	NO CAS			
Mortgage lendin	g				
	8. NAM	ES AND ADDR	ESSES OF THE OFFIC	ERS	
RESIDENT NAME			VICE PRESIDENT NAME		
John T. Hayt			Charles H. Wallace	Jr.	
1801 Art Museum	Drive		1801 Art Museum Dr:	ivo	
atry .	STATE	ZIP CODE	any	STATE	ZIP CODE
Jacksonville ECRETARY NAME	Florida	32207	Jacksonville	Florida	32207
Stephen R. Veth		-	Thomas C. Antoine		
1801 Art Museum	Drive STATE		1801 Art Museum Dri	LVE SIATE	ZIP COOE
Jacksonville	Florida	32207	Jacksonville	Florida	32207
IRECTOR NAME	9 . N A M	ES AND ADDRI	ESSES OF THE DIREC		32207
_			DIRECTOR NAME	_	
John T. Hayt	•		Charles H. Wallace,	Jr.	•
_1801 Art Museum			1801 Art Museum Dri	ive	
ΠY	STATE	ZIP C000E	an	STATE	ZIP CODE
Jacksonville MECTOR NAME	Florida	32207	Jacksonville DIRECTOR NAME	Florida	32207
Stephen R. Veth			STREET ADDRESS		
1801 Art Museum					
ITY	STATE	7IP CODE	- OΠY	STATE	ZTP C00E
Jacksonville	Florida	32207			
	10. SH	ARES AUTHORI	ZED AND ISSUED		
MUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALLE	BROJOCO AC CULOCO	ISSUED SHARES	
			PROMBER OF SHARES	CLASS / SERIES	PAR VALUE
10,000 SHS	\$1.00 PAR VAL		5,000	Common	\$1.00

This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date:	1/30/	96
Check No:	6004	7237
Ву:		State Use Only
/For	Secretary of S	state Use Uniy



By: Signature of Officer Stephen R. Veth
Print or Type Name of Officer

<u>Sr. Vice President</u> Title of Officer _01/25/96 _ Date