

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

JUN 20 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 230743

1. Corporation Name

Old Stone Consumer Finance Company

Principal Place of Business

Mailing Address

Four Davol Square, Suite 320
Providence, RI 02903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/3/59

3a. Date of Last Report
7/8/94

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 4 Davol Sqare

26 4 Davol Square

59-0879046

Not Applicable

Suite Apt #, etc

Suite Apt #, etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 Suite 320

27 Suite 320

6. Election Campaign Financing

\$5.00 May Be Added to Fees

City & State

City & State

8. This corporation has liability for intangible tax under S. 199(3)(f)

Florida Statutes Yes No

23 Providence, RI

28 Providence, RI

Zip

Country

Zip

Country

24 02903

25 USA

29 02903

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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

(Signature of registered agent)

(Signature of Registered Agent (signature required when instituting))

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: President
NAME: Geraldine L. Nelson
STREET ADDRESS: 4 Davol Sqare
CITY, ST, ZIP: Providence, RI 02903

14 TITLE: Change Addition
15 NAME:
16 STREET ADDRESS:
17 CITY, ST, ZIP:

TITLE: Secretary
NAME: Rose M. Rogers
STREET ADDRESS: 4 Davol Square
CITY, ST, ZIP: Providence, RI 02903

18 TITLE: Change Addition
19 NAME:
20 STREET ADDRESS:
21 CITY, ST, ZIP:
700001516067
-07/25/95--01175--021
****225.00 ****225.00

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

22 TITLE: Change Addition
23 NAME:
24 STREET ADDRESS:
25 CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

26 TITLE: Change Addition
27 NAME:
28 STREET ADDRESS:
29 CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

30 TITLE: Change Addition
31 NAME:
32 STREET ADDRESS:
33 CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

34 TITLE: Change Addition
35 NAME:
36 STREET ADDRESS:
37 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)(k), 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:

Geraldine L. Nelson
SECRETARY AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GERALDINE L. NELSON

6/30/95

401-521-0073

X