

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002517

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** JOHN HANCOCK DISTRIBUTORS LLC

**Current Principal Place of Business:**

200 BLOOR STREET EAST  
TORONTO, ONTARIO M4W1E5, ON M4W 1E5 CA

**New Principal Place of Business:**

**Current Mailing Address:**

200 BLOOR STREET EAST  
TORONTO, ONTARIO M4W1E5, ON M4W 1E5 OC

**New Mailing Address:**

FEI Number: 16-1611843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WALKER, CHRISTOPHER  
Address: 200 BLOOR STREET EAST  
City-St-Zip: TORONTO, ONTARIO M4W 1E5, ON M4W1E5 CA

Title: MGR  
Name: FINCH, STEVE  
Address: 197 CLARENDON STREET  
City-St-Zip: BOSTON, MA 02116 US

Title: MGR  
Name: EN, EDWARD  
Address: 200 BLOOR STREET EAST  
City-St-Zip: TORONTO, ONTARIO M4W 1E5, ON M4W 1E5 CA

Title: MGR  
Name: PATTERSON, LYNNE  
Address: 601 CONGRESS STREET  
City-St-Zip: BOSTON, MA 02110 US

Title: MGR  
Name: WALSH, KAREN  
Address: 601 CONGRESS STREET  
City-St-Zip: BOSTON, MA 02210 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHRISTOPHER WALKER

VP

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date