


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P34822 1. Entry Name BTM CAPITAL CORPORATION	
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Principal Place of Business 111 HUNTINGTON AVE. 400 BOSTON, MA 02199	Mailing Address 111 HUNTINGTON AVE. 400 BOSTON, MA 02199
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04122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 22-3031156	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PCEO MEEHAN, DAVID A 111 HUNTINGTON AVE., STE. 400 BOSTON, MA 02199
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T NOLAN, PAUL F 111 HUNTINGTON AVE. SUITE 400 BOSTON, MA 02199
TITLE NAME STREET ADDRESS CITY- ST- ZIP	EV QUINN, RICHARD 111 HUNTINGTON AVE. SUITE 400 BOSTON, MA 02199
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S HELMAN, MARK A 111 HUNTINGTON AVE., STE. 400 BOSTON, MA 02199
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V HORTON, CHARLES E 111 HUNTINGTON AVE. SUITE 400 BOSTON, MA 02199
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000325624  
 04/23/05-80023-012 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles E. Horton, Jr. VICE PRESIDENT. 4/18/05 617-573-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #