

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000001131

Entity Name: HANCOCK NATURAL RESOURCE GROUP, INC.**Current Principal Place of Business:**197 CLARENDON STREET
BOSTON, MA 02116**Current Mailing Address:**197 CLARENDON STREET
BOSTON, MA 02116 US**FEI Number:** 04-3254942**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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**Officer/Director Detail :**

Title DIRECTOR
Name CHRISTENSEN, DANIEL P
Address 197 CLARENDON STREET
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name ADOLPHE, KEVIN
Address 197 CLARENDON STREET
City-State-Zip: BOSTON MA 02116

Title DIRECTOR, CEO, PRESIDENT
Name PERESSINI, WILLIAM E
Address 197 CLARENDON STREET
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name THOMSON, WARREN A
Address 197 CLARENDON STREET
City-State-Zip: BOSTON MA 02116

Title CFO
Name STEINER, WILFRED
Address 197 CLARENDON STREET
City-State-Zip: BOSTON MA 02116

Title SECRETARY
Name BEAGEN, MARGARET
Address 197 CLARENDON STREET
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name HARTZ, SCOTT
Address 197 CLARENDON STREET
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name LORENTZ, PAUL
Address 197 CLARENDON STREET
City-State-Zip: BOSTON MA 02116

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARGARET BEAGEN**SECRETARY****02/08/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title CHAIRMAN
Name BLEWITT, STEPHEN J.
Address 197 CLARENDON STREET
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name EEUWES, WILLIAM
Address 197 CLARENDON STREET
City-State-Zip: BOSTON MA 02116