

2017 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:** NOT APPLICABLE**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	CHAIRMAN
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	TREASURER
Name	KOELKER, TIMOTHY
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	SOTORP, KAI
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****04/17/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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