2018 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

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

2525 115

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

Officer/Director Detail :

Title	CHAIRMAN	Title	DIRECTOR
Name	CHRISTENSEN, DANIEL P	Name	ADOLPHE, KEVIN
Address	197 CLARENDON STREET	Address	197 CLARENDON STREET
City-State-Zip:	BOSTON MA 02116	City-State-Zip:	BOSTON MA 02116
Title	DIRECTOR, CEO, PRESIDENT	Title	DIRECTOR
Name	PERESSINI, WILLIAM E	Name	THOMSON, WARREN A
Address	197 CLARENDON STREET	Address	197 CLARENDON STREET
City-State-Zip:	BOSTON MA 02116	City-State-Zip:	BOSTON MA 02116
Title	CFO	Title	TREASURER
Title Name	CFO STEINER, WILFRED	Title Name	TREASURER KOELKER, TIMOTHY
Name	STEINER, WILFRED	Name	KOELKER, TIMOTHY
Name Address City-State-Zip:	STEINER, WILFRED 197 CLARENDON STREET BOSTON MA 02116	Name Address City-State-Zip:	KOELKER, TIMOTHY 197 CLARENDON STREET BOSTON MA 02116
Name Address	STEINER, WILFRED 197 CLARENDON STREET	Name Address City-State-Zip: Title	KOELKER, TIMOTHY 197 CLARENDON STREET BOSTON MA 02116 DIRECTOR
Name Address City-State-Zip:	STEINER, WILFRED 197 CLARENDON STREET BOSTON MA 02116	Name Address City-State-Zip:	KOELKER, TIMOTHY 197 CLARENDON STREET BOSTON MA 02116
Name Address City-State-Zip: Title	STEINER, WILFRED 197 CLARENDON STREET BOSTON MA 02116 SECRETARY	Name Address City-State-Zip: Title	KOELKER, TIMOTHY 197 CLARENDON STREET BOSTON MA 02116 DIRECTOR
Name Address City-State-Zip: Title Name	STEINER, WILFRED 197 CLARENDON STREET BOSTON MA 02116 SECRETARY BEAGEN, MARGARET	Name Address City-State-Zip: Title Name	KOELKER, TIMOTHY 197 CLARENDON STREET BOSTON MA 02116 DIRECTOR HARTZ, SCOTT

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

01/26/2018 Date

Electronic Signature of Signing Officer/Director Detail

FILED Jan 26, 2018 Secretary of State CC7803504419

Certificate of Status Desired: No

Date