FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 811220

(3)

THE MANUFACTURERS LIFE INSURANCE COMPANY (U.S.A.

Principal Place of Business

Mailing Address

FILED Apr 27 1998 8:00am Secretary of State



200 BLOOR ST. E TORONTO ON M4W 1-5 US		ATTN: L.T. FLOR. JR. P.O. BOX 640 BUFFALO NY 14201-0640 US				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 08/09/1956			
	Place of Business	2a. Mailing Address				4. FEI Number Applied I	For		
Suite, Apt	Al main	Suite, Apt. #, etc.				01-0233346 Not Appl			
22		27				5. Certificate of Status Desired See Required Fee Required			
City & Stat		City & State				6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip 29	30 Count			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
DONOVAN, T.A.				Ħ	Name	9			
4830 West Kennedy Blyd Suite 590, one urban Center				2	Street	t Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33609			8	13					
			8	4	City	FL 85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered agen	and little # applicable (NOT	F. Registered A	haant	sinnal re	re required when reinstating) DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2		
TITLE	SGC	☐ DELETE	1.1 TITLE			☐ Change ☐ A			
NAME	GALLAGHER, JAMES DAVID		1.2 NAM	1.2 NAME			ŀ		
SIREET ADDRESS 73 TREMONT ST., SUITE 1300			1.3 STREET ADDRESS		DORESS				
CITY-ST-ZIP	BOSTON MA		14 CITY		ZIP				
TITLE	PDCB RICHARDSON, JOHN DAVID	☐ DELETE	21 TITLE			☐ Change ☐ Ac	ddition		
NAME	200 BLOOR ST EAST		2.2 NAM						
STREET ADDRESS	TORONTO ON		2 3 STAE				ļ		
CITY-ST-ZIP TITLE	T	DELETE	2 4 CITY	_	- ZIP	Change A	4.8741		
NAME	WONG, JEAN	[_] OLCCIE	3.1 TITLE			Change Ac	מוזיסט		
STREET ADDRESS	200 BLOOR ST EAST		3.2 NAMI 3.3 STRE		nnpere				
CITY-ST-ZIP	TORONTO ON		3.3 STRE 3.4. CITY						
TITLE	VPCF	DELETE	4.1 TITLE		- Lir	☐ Change ☐ Ac	dition		
NAME	VRYSEN, JOHN GYSBERTUS		4. 2 NAM						
STREET ADDRESS				43 STREET ADDRESS					
CITY-ST-ZIP	BOSTON MA		4.4 DITY-						
TITLE	D	X) DELETE	5.1 TiTLE			D Change 13 Ac	dition		
NAME	COLES, RICHARD BONAR		5.2 NAME	Ē	J	GUY, GOEFFREY I			
STREET ADDRESS	200 BLOOR ST EAST		5.3 STREE	ET AC	DDRESS	200 BLOOR STREET EAST	ł		
CITY-ST-ZIP	TORONTO, ONTARIO	· · · · · · · · · · · · · · · · · · ·	5.4 City	ST	ZIP	TORONTO, ON M4W 1E5	l		
TITLE	D	DELETE	6.1 TITLE			☐ Change ☐ Ad	dition		
NAME	GORDON, HERBERT BRUCE		6.2 NAME						
STREET ADDRESS	SS 200 BLOOR ST EAST		6.3 STREI	6.3 STREET ADDRESS					
CITY-ST-ZIP	TORONTO ON 64		64 CITY	6.4 CITY - ST - ZIP					

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed. On an attachmort with an address.

Jean Wong

April 7th/98 (416) 926-3684