SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 11:25

DOCUMENT # **827611** **(5)**

1. Corporation Name

STATE STREET BOSTON LEASING COMPANY, INC.

Principal Place of Business	Mailing Address
225 FRANKLIN STREET BOSTON MA 02110	225 FRANKLIN STREET BOSTON MA 02110

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/09/1972
3a. Date of Last Report: 08/12/1994
4. FEI Number: 04-2488283 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	☒ Change ☐ Addition
NAME	RUSHER, JOHN D., III	12 NAME	SPINA, DAVID A.	RESIGNED
STREET ADDRESS	175 MILTON STREET	13 STREET ADDRESS	17 CAMPBELL ROAD	
CITY-ST-ZIP	MILTON MA	14 CITY-ST-ZIP	WAYLAND MA	
TITLE	V	21 TITLE	D	☒ Change ☐ Addition
NAME	WRIGHT, DAVID L.	22 NAME	SLOAN, NORTON Q.	RESIGNED
STREET ADDRESS	30 CORCHESTER STREET	23 STREET ADDRESS	37 ARGILLA ROAD	
CITY-ST-ZIP	WINCHESTER MA	24 CITY-ST-ZIP	IPSWICH MA	
TITLE	SD	31 TITLE	D	☐ Change ☒ Addition
NAME	MCLOUGHLIN, MAURICE E.,	32 NAME	REGHITTO, WILLIAM M.	
STREET ADDRESS	118 SUMMER ROAD	33 STREET ADDRESS	17 HIGH PLAIN ROAD	
CITY-ST-ZIP	BROOKLINE MA	34 CITY-ST-ZIP	ANDOVER MA	
TITLE	T	41 TITLE	D	☐ Change ☒ Addition
NAME	SCHUETTE, REX S.	42 NAME	TOWERS, JOHN R.	
STREET ADDRESS	10 HOPEWELL ROAD	43 STREET ADDRESS	239 UNION STREET	
CITY-ST-ZIP	S. NATICK MA	44 CITY-ST-ZIP	HANOVER MA	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	SPINA, DAVID A.	52 NAME		
STREET ADDRESS	17 CAMPBELL ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	WAYLAND MA	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	SLOAN, NORTON Q.	62 NAME		
STREET ADDRESS	37 ARGILLA ROAD	63 STREET ADDRESS		
CITY-ST-ZIP	IPSWICH MA	64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, or on an attachment with an address.

SIGNATURE: _____ CLERK 6/8/95 617-654-3439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MAURICE E. MCLOUGHLIN, JR. 617-654-3439

0174490 FP