

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 02 1997 8:00am  
Secretary of State

DOCUMENT # 827611 (5)  
1. Corporation Name  
STATE STREET BOSTON LEASING COMPANY, INC.

Principal Place of Business  
225 FRANKLIN STREET  
BOSTON MA 02110

Mailing Address  
225 FRANKLIN STREET  
BOSTON MA 02110-2804



3. Date Incorporated or Qualified 03/09/1972  
3a. Date of Last Report 01/26/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 04-2488283		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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 agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	RUSHER, JOHN D., III		1.1 TITLE			
NAME				1.2 NAME			
STREET ADDRESS	175 MILTON STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	MILTON MA			1.4 CITY-ST-ZIP			
TITLE	V	WRIGHT, DAVID L.		2.1 TITLE			
NAME				2.2 NAME			
STREET ADDRESS	30 CORCHESTER STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	WINCHESTER MA			2.4 CITY-ST-ZIP			
TITLE	SD	MCLOUGHLIN, MAURICE E.,		3.1 TITLE			
NAME				3.2 NAME			
STREET ADDRESS	118 SUMMER ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKLINE MA			3.4 CITY-ST-ZIP			
TITLE	T	SCHUETTE, REX S.		4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS	10 HOPEWELL ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	S. NATICK MA			4.4 CITY-ST-ZIP			
TITLE	D	REGHITTO, WILLIAM M		5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS	17 HIGH PLAIN RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	ANDOVER MA			5.4 CITY-ST-ZIP			
TITLE	D	TOWERS, JOHN R		6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS	239 UNION ST			6.3 STREET ADDRESS			
CITY-ST-ZIP	HANOVER MA			6.4 CITY-ST-ZIP			

14. I do 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE

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