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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 828190

(9)

SUN LIFE ASSURANCE COMPANY OF CANADA (U.S.)

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| 11. Pursuant to the provisions of Sections 607 0500 and 607 1500 stocks of florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent. or both, in the State of florida Such change was authorized by the corporation's board of directors. I horeby accept the appointment as registered agent. I am familiar with, and accept the chigostenos of, Section 607 0500, Florida Statutos. SIGNATURE 12. Of FicE Ids AND DIRECTORS TILE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. Of FicE Ids AND DIRECTORS TILE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. AUR. STREET ADDRESS TILE 15. THILE 16. DELETE 17. AUR. STREET ADDRESS TOP ONNOTO, ONT. CANADA 14. GITY ST-2P 15. THILE 16. DELETE 17. THILE 18. STREET ADDRESS TORONTO, ONT. CANADA 14. CITY ST-2P 15. THILE 16. Change 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. THILE 17. THILE 18. STREET ADDRESS 18. STREET ADDRESS 19. CLEVE LLY ROAD 10. Change 10. Addition 10. Addition 10. Addition 10. ADDITIONS | Name and Address of Current Registered Agent | |
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| NAME | NAME STREET ADDRESS CITY-ST-ZIP BOYLSTON MA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ON TITLE NAME STREET ADDRESS CITY-ST-ZIP TORONTO, ONTARIO, CANA 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.4 CITY-ST-ZIP 5.1 TITLE 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TORONTO, ONTARIO, CANA 54 CITY-S1-ZIP | ☐ Change ☐ Addition |
| STREET ADDRESS SKNOB CONE DRIVE 3.3 STREET ADDRESS BOYLSTON MA 3.4 CITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP BOYLSTON MA 33.STREET ADDRES CITY-ST-ZIP TITLE NAME MARGARET SEARS MEAD STREET ADDRESS CITY-ST-ZIP TITLE ONE SUN LIFE EXECUTIVE PARK 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE OD L] DELETE 5.1 TITLE NAME MCNEIL, JOHN D 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TORONTO, ONTARIO, CANA 54 CITY-S1-ZIP 55 STREET ADDRESS CITY-ST-ZIP TORONTO, ONTARIO, CANA 54 CITY-S1-ZIP | _ , |
| SOYLSTON MA 34. CITY - ST - ZIP | CITY-ST-ZIP BOYLSTON MA 34. CITY-ST-ZIP TITLE NAME MARGARET SEARS MEAD 4. 2 NAME 4. 2 NAME STREET ADDRESS CITY-ST-ZIP TITLE CD MCNEIL, JOHN D STREET ADDRESS CITY-ST-ZIP TORONTO, ONTARIO, CANA 34. CITY-ST-ZIP 4. 1 TITLE 4. 2 NAME 4. 2 NAME 4. 4 CITY-ST-ZIP 5. 1 TITLE 52 NAME 53 STREET ADDRESS 61 TY-ST-ZIP TORONTO, ONTARIO, CANA 54 CITY-ST-ZIP | |
| TITLE | TITLE NAME NARGARET SEARS MEAD STREET ADDRESS CITY-ST-ZIP TITLE NAME MCNEIL, JOHN D STREET ADDRESS CITY-ST-ZIP TORONTO, ONTARIO, CANA DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.5 CITY-ST-ZIP 5.6 CITY-ST-ZIP 5.6 CITY-ST-ZIP 5.7 TORONTO, ONTARIO, CANA 5.6 CITY-ST-ZIP | |
| STREET ADDRESS ONE SUN LIFE EXECUTIVE PARK 4.3 STREET ADDRESS CITY-ST-ZIP WELLESLEY HILLS MA 4.4 CITY-ST-ZIP TITLE OD DELETE 5.1 TITLE Change Addition | STREET ADDRESS CITY-ST-ZIP WELLESLEY HILLS MA 4.3 STREET ADDRES 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE MCNEIL, JOHN D 5.2 NAME MCNEIL, JOHN D 5.3 STREET ADDRESS CITY-ST-ZIP TORONTO, ONTARIO, CANA 5.4 CITY-S1-ZIP | Change Addition |
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| TITLE OD DELETE 5.1 TITLE Change Addition | TITLE OD DELETE 5.1 TITLE NAME MCNEIL, JOHN D 52 NAME STREET ADDRESS 10 MCKENZIE AVE. 5.3 STREET ADDRESS CITY-ST-ZIP TORONTO, ONTARIO, CANA 5.4 CITY-S1-ZIP | |
| NAME MCNEIL, JOHN D 52 NAME | STREET ADDRESS 10 MCKENZIE AVE. 5.3 STREET ADDRESS CITY-ST-ZIP TORONTO, ONTARIO, CANA 5.4 CITY-S1-ZIP | ☐ Change ☐ Addition |
| , | STREET ADDRESS 10 MCKENZIE AVE. 5.3 STREET ADDRESS CITY-ST-ZIP TORONTO, ONTARIO, CANA 5.4 CITY-S1-ZIP | |
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| CITY-ST-ZIP TORONTO, ONTARIO, CANA 5.4 CITY-S1-ZIP | | |
| | | Change Addition |
| NAME BAILEY, RICHARD B 6.2 NAME | NAME BAILEY, RICHARD B | |
| STREET ADDRESS 63 ATLANTIC AVE 6.3 STREET ADDRESS | | |
| BARTON LIA | CITY-SI-ZIP BOSTON MA 64 CITY-SI-ZIP | |

14. Thereby 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.

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Marks

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FILED

May 14 1998 8:00am

Secretary of State

n arakak dana riabu tahai diada kadik basik biadi alah arak biadi atak biadi akali akali akali akali