

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0068815
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DOCUMENT # **835382**

1. Entity Name

SUN LIFE OF CANADA (U.S.) DISTRIBUTORS, INC.

Sun Life of Canada (U.S.) Distributors, Inc.



FILED

03 MAR 10 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**ONE SUN LIFE EXECUTIVE PARK
SC 1335
WELLESLEY HILLS MA 02481**

Mailing Address
**ONE SUN LIFE EXECUTIVE PARK
SC 1335
WELLESLEY HILLS MA 02481**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-2470476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

500011914725

02/06/03--01071--005 **150.00

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **CD**
STREET ADDRESS **MCNULTY, JAMES A**
CITY-ST-ZIP **12 WILD HOLLY LANE
MEDFIELD MA 02052**

TITLE ☒ Change ☐ Addition
NAME **Director**
STREET ADDRESS **McNulty, James**
CITY-ST-ZIP **One Sun Life Executive Park
Wellesley Hills, MA 02481**

TITLE ☒ Delete
NAME **P**
STREET ADDRESS **FRANCA, WILLIAM P**
CITY-ST-ZIP **199 MASSACHUSETTS AVE., #602
BOSTON MA 02115**

TITLE ☐ Change ☒ Addition
NAME **President,**
STREET ADDRESS **Seitz, Thomas**
CITY-ST-ZIP **500 Boylston Street
Boston, MA**

TITLE ☒ Delete
NAME **VD**
STREET ADDRESS **ANDERSON, JAMES M A**
CITY-ST-ZIP **5 THACKERAY RD
WELLESLEY HILLS MA 02481**

TITLE ☐ Change ☒ Addition
NAME **VP & Chief Compliance Off.**
STREET ADDRESS **Goss, II, Norton A.**
CITY-ST-ZIP **One Sun Life Executive Park
Wellesley Hills, MA 02481**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **FERNANDES, RONALD J**
CITY-ST-ZIP **82 BULLARD ST
SHERBORN MA 01770**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Beaulieu, Martin E.**
CITY-ST-ZIP **500 Boylston Street
Boston, MA**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **MADEN, GEORGE E**
CITY-ST-ZIP **15 MORSE RD.
SHERBORN MA 01770**

TITLE ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **Saksons, Imants**
CITY-ST-ZIP **One Sun Life Executive Park
Wellesley Hills, MA 02481**

TITLE ☐ Delete
NAME **VTD**
STREET ADDRESS **SCOON, DAVEY**
CITY-ST-ZIP **160 PINE ST
DOVER MA 02030**

TITLE ☒ Change ☐ Addition
NAME **VP & Treasurer**
STREET ADDRESS **Scoon, Davey SS.**
CITY-ST-ZIP **One Sun Life Executive Park
Wellesley Hills, MA 02481**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

2/3/2003

(781) 446-1192

Date

Daytime Phone #