FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 846222 (8)

1. Corporation Name
BOT FINANCIAL & LEASING CORPORATION B-3

Principal Place of Business	Mailing Address
125 SUMMER ST (021101625) P.O. BOX 2332 BOSTON MA 02107	125 SUMMER ST (021101625) P.O. BOX 2332 BOSTON MA 02107 US

3. Date Incorporated or Qualified: 06/13/1980
3a. Date of Last Report: 04/28/1994
4. FEI Number: 04-2578316 — [ ] 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 [X] 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

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 signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	1.1 TITLE [ ] Change [ ] Addition
NAME	EUGENE F. MCCULLOCH	1.2 NAME
STREET ADDRESS	182 DEDHAM ST	1.3 STREET ADDRESS
CITY-ST-ZIP	DOVER MA	1.4 CITY-ST-ZIP
TITLE	EVP	2.1 TITLE [ ] Change [ ] Addition
NAME	LEO R. CHAUSSE	2.2 NAME
STREET ADDRESS	5 STANDISH CIRCLE	2.3 STREET ADDRESS
CITY-ST-ZIP	CANTON MA	2.4 CITY-ST-ZIP
TITLE	DCP	3.1 TITLE [ ] Change [ ] Addition
NAME	MCCULLOCH, EUGENE F., JR	3.2 NAME
STREET ADDRESS	182 DEDHAM STREET	3.3 STREET ADDRESS
CITY-ST-ZIP	DOVER MA	3.4 CITY-ST-ZIP
TITLE	VP	4.1 TITLE [ ] Change [ ] Addition
NAME	SPOKOWSKI, PHILIP A.	4.2 NAME
STREET ADDRESS	31 BARNSTABLE ROAD	4.3 STREET ADDRESS
CITY-ST-ZIP	WELLESLEY HILLS MA	4.4 CITY-ST-ZIP
TITLE	VP	5.1 TITLE [ ] Change [ ] Addition
NAME	HORTON, JR. C E.	5.2 NAME
STREET ADDRESS	3 SCOTLAND HEIGHTS	5.3 STREET ADDRESS
CITY-ST-ZIP	NORTH READING MA	5.4 CITY-ST-ZIP
TITLE	SVP	6.1 TITLE [ ] Change [ ] Addition
NAME	RICHARD E. CAROLAN	6.2 NAME
STREET ADDRESS	60 LIVINGSTON RD.	6.3 STREET ADDRESS
CITY-ST-ZIP	WELLSELEY MA	6.4 CITY-ST-ZIP

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)(k), 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: X Charles E. Horton, Jr. 4/27/95 (617)573-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0393605 FP