

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90005 019 \*\*\*150.00

**DOCUMENT # 846222**

1. Entity Name  
**BTM Financial + Leasing Corporation B-3**

Principal Place of Business  
**125 Summer St  
PO Box 2332  
Boston, MA 02107**

Mailing Address  
**125 Summer St  
PO Box 2332  
Boston MA 02107**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

**04-2578316**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CT Corporation System  
1200 S. Pine Island Road  
Plantation, FL 33324**

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>President/Ceo/Director</b>	<input type="checkbox"/> Delete
NAME	<b>David Hale</b>	
STREET ADDRESS	<b>125 Summer St</b>	
CITY-ST-ZIP	<b>Boston MA 02110</b>	
TITLE	<b>Controller/Treasurer</b>	<input type="checkbox"/> Delete
NAME	<b>Paul Nolan</b>	
STREET ADDRESS	<b>125 Summer Street</b>	
CITY-ST-ZIP	<b>Boston, MA 02110</b>	
TITLE	<b>Exec VP</b>	<input type="checkbox"/> Delete
NAME	<b>Richard Quinn</b>	
STREET ADDRESS	<b>125 Summer St.</b>	
CITY-ST-ZIP	<b>Boston MA 02110</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Delete
NAME	<b>Kathleen Maloney</b>	
STREET ADDRESS	<b>125 Summer St</b>	
CITY-ST-ZIP	<b>Boston, MA 02110</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> Delete
NAME	<b>Charles E. Horton Jr.</b>	
STREET ADDRESS	<b>125 Summer St</b>	
CITY-ST-ZIP	<b>Boston, MA 02110</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> Delete
NAME	<b>Philip Spokowski</b>	
STREET ADDRESS	<b>125 Summer St.</b>	
CITY-ST-ZIP	<b>Boston MA 02110</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Charles E. Horton, Jr.**

**5/12/00**

**617-573-9000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)