FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

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

DOCUMENT # 846868 (8)

1. Corporation Name

BOT FINANCIAL & LEASING CORPORATION B-4

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1980
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) (29) Country (25) (30)

4. FEI Number: 04-2586399 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☐ Change ☐ Addition
NAME	SPOKOWSKI, PHILIP A.	12 NAME	
STREET ADDRESS	31 BARNSTABLE ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY MA	14 CITY-ST-ZIP	
TITLE	SVP	21 TITLE	☐ Change ☐ Addition
NAME	CAROLAN, RICHARD E.	22 NAME	
STREET ADDRESS	60 LIVINGSTON ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY MA	24 CITY-ST-ZIP	
TITLE	DCP	31 TITLE	☐ Change ☐ Addition
NAME	MCCULLOCH, EUGENE F., JR	32 NAME	
STREET ADDRESS	182 DEDHAM STREET	33 STREET ADDRESS	
CITY-ST-ZIP	DOVER MA	34 CITY-ST-ZIP	
TITLE	SVP	41 TITLE	☐ Change ☐ Addition
NAME	LIEBER, MICHAEL W.	42 NAME	
STREET ADDRESS	85 BERKSHIRE ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	NEWTON MA	44 CITY-ST-ZIP	
TITLE	SVP	51 TITLE	☐ Change ☐ Addition
NAME	STERNSTEIN, PHILIP S.	52 NAME	
STREET ADDRESS	38 LEHIGH ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY MA	54 CITY-ST-ZIP	
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	HORTON, CHARLES E.	62 NAME	
STREET ADDRESS	3 SCOTLAND HEIGHTS	63 STREET ADDRESS	
CITY-ST-ZIP	NORTH READING MA	64 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)(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: X Charles E. Horton Charles E. Horton, Sr. 4/27/95 (617) 573-9203
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0383603 FP