

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **846868** (8)

NC 4-16-96

1. Corporation Name

BOT FINANCIAL & LEASING CORPORATION B-4

New Name: BTM 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



3. Date Incorporated or Qualified: **09/03/1980**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	04-2586399	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<i>See Attached List</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOKOWSKI, PHILIP A.	1.2 NAME	
STREET ADDRESS	31 BARNSTABLE ROAD	1.3 STREET ADDRESS	<i>125 Summer Street</i>
CITY - ST - ZIP	WELLESLEY MA	1.4 CITY - ST - ZIP	<i>Boston, MA 02110 For All</i>
TITLE	SVP <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	CAROLAN, RICHARD E.	2.2 NAME	
STREET ADDRESS	60 LIVINGSTON ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	WELLESLEY MA	2.4 CITY - ST - ZIP	
TITLE	DCP <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	MCCULLOCH, EUGENE F., JR	3.2 NAME	
STREET ADDRESS	182 DEDHAM STREET	3.3 STREET ADDRESS	700001793837
CITY - ST - ZIP	DOVER MA	3.4 CITY - ST - ZIP	04/25/96-01015-000
TITLE	SVP <input type="checkbox"/> DELETE	4.1 TITLE	***200.00
NAME	LIEBER, MICHAEL W.	4.2 NAME	
STREET ADDRESS	85 BERKSHIRE ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEWTON MA	4.4 CITY - ST - ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERNSTEIN, PHILIP S.	5.2 NAME	
STREET ADDRESS	38 LEHIGH ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	WELLESLEY MA	5.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, CHARLES E.	6.2 NAME	
STREET ADDRESS	3 SCOTLAND HEIGHTS	6.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH READING 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: *Charles E. Horton, Jr.* Charles E. Horton, Jr *4/16/96* (617) 573-9000
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)