

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 846868

1. Entity Name

BTM FINANCIAL & LEASING CORPORATION B-4

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

06-07-2000 90005 020 \*\*\*150.00

Principal Place of Business

Mailing Address

125 SUMMER ST  
PO BOX 2332  
BOSTON, MA 02107

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

4. FEI Number

04-2586399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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	PRES/CEO	<input type="checkbox"/> Delete
NAME	DAVID HALE	
STREET ADDRESS	125 SUMMER ST	
CITY-ST-ZIP	BOSTON, MA 02110	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	PAUL NOLAN	
STREET ADDRESS	125 SUMMER ST	
CITY-ST-ZIP	BOSTON, MA 02110	
TITLE	EXEC VP	<input type="checkbox"/> Delete
NAME	RICHARD QUINN	
STREET ADDRESS	125 SUMMER ST	
CITY-ST-ZIP	BOSTON, MA 02110	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	KATHLEEN MALONEY	
STREET ADDRESS	125 SUMMER ST	
CITY-ST-ZIP	BOSTON, MA 02110	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	CHARLES E. HORTON JR.	
STREET ADDRESS	125 SUMMER ST	
CITY-ST-ZIP	BOSTON, MA 02110	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	PHILIP SPOWKOWSKI	
STREET ADDRESS	125 SUMMER ST	
CITY-ST-ZIP	BOSTON, MA 02110	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES E. HORTON JR.

Date

5/12/00

Daytime Phone #

617-573-9000

CR2E034 (9/99)