

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90142 037 ***150.00

DOCUMENT # 846868

1. Entity Name
BTM FINANCIAL & LEASING CORPORATION B-4



Principal Place of Business
**125 SUMMER ST
P.O. BOX 2332
BOSTON MA 02107
US**

Mailing Address
**125 SUMMER ST
P.O. BOX 2332
BOSTON MA 02107
US**



2. Principal Place of Business

111 HUNTINGTON AVE,

Suite, Apt. #, etc.

400

City & State

BOSTON MA

Zip

02199

Country

3. Mailing Address

111 HUNTINGTON AVE,

Suite, Apt. #, etc.

400

City & State

BOSTON MA

Zip

02199

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **04-2586399**

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 **CT CORPORATION SYSTEM**

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

1200 S. Pine Island Road

City **Plantation**

FL

Zip Code

33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SPOKOWSKI, PHILIP A.	
STREET ADDRESS	125 SUMMER ST.	
CITY-ST-ZIP	BOSTON MA 02110	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	MEEHAN, DAVID	
STREET ADDRESS	125 SUMMER ST	
CITY-ST-ZIP	BOSTON MA 02110	
TITLE	S	<input type="checkbox"/> Delete
NAME	MALONEY, KATHLEEN	
STREET ADDRESS	125 SUMMER STREET	
CITY-ST-ZIP	BOSTON MA 02110	
TITLE	T	<input type="checkbox"/> Delete
NAME	NOLAN, PAUL	
STREET ADDRESS	125 SUMMER ST.	
CITY-ST-ZIP	BOSTON MA 02110	
TITLE	EV	<input type="checkbox"/> Delete
NAME	QUINN, RICHARD	
STREET ADDRESS	125 SUMMER ST	
CITY-ST-ZIP	BOSTON MA 02110	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HORTON, CHARLES E.	
STREET ADDRESS	125 SUMMER ST.	
CITY-ST-ZIP	BOSTON MA 02110	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEEHAN, DAVID	
STREET ADDRESS	111 HUNTINGTON AVE, Suite 400	
CITY-ST-ZIP	BOSTON MA 02199	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHLEEN MALONEY	
STREET ADDRESS	111 HUNTINGTON AVE, Suite 400	
CITY-ST-ZIP	BOSTON MA 02199	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, PAUL	
STREET ADDRESS	111 HUNTINGTON AVE, Suite 400	
CITY-ST-ZIP	BOSTON MA 02199	
TITLE	EV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, RICHARD, JR.	
STREET ADDRESS	111 HUNTINGTON AVE, Suite 400	
CITY-ST-ZIP	BOSTON MA 02199	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, CHARLES E. JR.	
STREET ADDRESS	111 HUNTINGTON AVE, Suite 400	
CITY-ST-ZIP	BOSTON MA 02199	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHARLES E. HORTON JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

Date

617-573-9000

Daytime Phone #

CR2E034 (10/02)