2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

846868



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

1. Entity Name BTM FINANCIAL & LEASING CORPORATION B-4									04-03-2	2003 901 42	. 037 ***1	50.00	
Principal Place of Business 125 SUMMER ST P.O. BOX 2332 BOSTON MA 02107 US 2. Principal Place of Business /// Hunings Aute Suite, Apt. #, etc.			125 Si P.O. B BOSTO US 3. Maili	Mailing Address 125 SUMMER ST P.O. BOX 2332 BOSTON MA 02107 US 3. Mailing Address /// Hunton GTON Avt., Suite, Apt. #, etc.									
City & State			City	City & State				4. FEI Number 04-2586399 Applied For					
Zin	TON	Country	Zip	OSTON	MA) Cour	ntry		P 0-4			\$8.75	Not Applicab	ole
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<u> </u>	_6, _Nam	e and Address of Current	// Name	e and Address of N	vew Registere	a Agent		\dashv					
CT CORPORATION SYSTEM						Name CT CERPORATION SYSTEM Street Address (P.O., Box Number is Not Acceptable)							\dashv
1200 S. PINE ISLAND ROAD						1-			ine Is	2/	Road		-
PLANTATION FL 33324							<u>の S</u>	·				ode a	\dashv
						J.C.	anta	hoo	<u> </u>			33.74	_
		ity submits this statement fo stered agent.	r the purpo	ose of changing its	s register	ed office o	r registered	d agent,	or both, in the State	of Horida. Ta	ım tamıllar wi	tn, and accep	ot
SIGNATURE													
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													\Box
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00													1
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Afte	r May 1, 20		State					- .	Election CampaidTrust Fund Contr			.00 May Be led to Fees	
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

125 SUMMER ST.

BOSTON MA 02110

417-573-4000