

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **848149** (1)

1. Corporation Name

JOHN HANCOCK LEASING CORPORATION



Principal Place of Business

Mailing Address

**JOHN HANCOCK PLACE
P.O. BOX 111
BOSTON MA 02117**

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P.O. BOX 111
BOSTON MA 02117**

3. Date Incorporated or Qualified

02/03/1981

3a. Date of Last Report

04/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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**

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

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S** ☐ DELETE

11 TITLE **P** ☐ Change ☒ Addition

NAME **YOUNG, JAMES H**
STREET ADDRESS **39 WARREN AVENUE**
CITY-ST-ZIP **WOBURN, MA 00000**

12 NAME **NASTOU, ROGER**
13 STREET ADDRESS **7 BREMER CIRCLE**
14 CITY-ST-ZIP **HINGHAM, MA02043**

TITLE **CEO** ☐ DELETE

21 TITLE **D** ☐ Change ☒ Addition

NAME **BUTLER, JOHN M**
STREET ADDRESS **4 BLACKSMITH DRIVE**
CITY-ST-ZIP **MEDFIELD MA 02052**

22 NAME **MUNRO, DAVID**
23 STREET ADDRESS **106 LOUIS AVENUE**
24 CITY-ST-ZIP **WALPOLE, MA 02081**

TITLE **D** ☐ DELETE

31 TITLE **D** ☐ Change ☒ Addition

NAME **GORDON, WILLIAM R.**
STREET ADDRESS **20 SHERIDAN ROAD**
CITY-ST-ZIP **WESSELEY, HILLS**

32 NAME **BROWN, RICHARD**
33 STREET ADDRESS **4 PARTRIDGE STREET**
34 CITY-ST-ZIP **MEDWAY, MA 02053**

TITLE **D** ☒ DELETE

41 TITLE **D** ☐ Change ☒ Addition

NAME **BORTMAN, ELO C.**
STREET ADDRESS **25 WEST CHARDONROAD**
CITY-ST-ZIP **WINCHESTER MA**

42 NAME **STAPLETON, MARGARET**
43 STREET ADDRESS **205 COUNTRY WAY**
44 CITY-ST-ZIP **SCITUATE, MA 02066**

TITLE ☐ DELETE

51 TITLE **VP** ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

52 NAME **SANTOM, DAVID**
53 STREET ADDRESS **16 SMITH STREET**
54 CITY-ST-ZIP **WESTBOROUGH, MA 01581**

TITLE ☐ DELETE

61 TITLE **ASSISTANT SECRETARY** ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME **O'NEILL, KRISTIN**
63 STREET ADDRESS **829 EAST THIRD STREET**
64 CITY-ST-ZIP **S. BOSTON, MA 02127**

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/96

617-572-4780

CR2E034 (3/96)