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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 JOHN HANCOCK PLACE
P.O. BOX 111 P.O. BOX 111
BOSTON MA 02117 BOSTON MA 02117-0111

3. Date Incorporated or Qualified 02/03/1981 3a. Date of Last Report 06/20/1996
4. FEI Number 04-2693209 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE
NAME NASTOU, ROGER
STREET ADDRESS 7 BREMER CIRCLE
CITY-ST-ZIP HINGHAM MA
TITLE D ☐ DELETE
NAME MUNRO, DAVID
STREET ADDRESS 108 LOUIS AVENUE
CITY-ST-ZIP WALPOLE MA
TITLE D ☐ DELETE
NAME BROWN, RICHARD
STREET ADDRESS 4 PARTRIDGE STREET
CITY-ST-ZIP MEDWAY MA
TITLE D ☐ DELETE
NAME STAPLETON, MARGARET
STREET ADDRESS 205 COUNTRY WAY
CITY-ST-ZIP SCITUATE MA
TITLE VP ☐ DELETE
NAME SANTOM, DAVID
STREET ADDRESS 18 SMITH STREET
CITY-ST-ZIP WESTBOROUGH MA
TITLE AS ☐ DELETE
NAME O'NEILL, KRISTIN
STREET ADDRESS 829 EAST THIRD STREET
CITY-ST-ZIP S. BOSTON MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

Kristin O'Neill Kristin O'Neill 4/17/97 617-572-4614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000470

CR2E034 (9/96)