

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90177 026 ***150.00

DOCUMENT # 848149

1. Corporation Name
JOHN HANCOCK LEASING CORPORATION

Principal Place of Business
JOHN HANCOCK PLACE
P.O. BOX 111
BOSTON MA 02117

Mailing Address
JOHN HANCOCK PLACE
P.O. BOX 111
BOSTON MA 02117



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1981

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 owes the current year Intangible
Personal Property Tax. ☐ 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

Country

28 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 D ☐ DELETE
NAME NASTOU, ROGER
STREET ADDRESS 7 BREMER CIRCLE
CITY-ST-ZIP HINGHAM MA

1.1 TITLE Secretary ☐ Change ☒ Addition
1.2 NAME Antoniette Ricci
1.3 STREET ADDRESS 3 Theresa Road
1.4 CITY-ST-ZIP Woburn, MA 01801

TITLE D ☒ DELETE
NAME MUNRO, DAVID
STREET ADDRESS 106 LOUIS AVENUE
CITY-ST-ZIP WALPOLE MA

2.1 TITLE Director ☐ Change ☒ Addition
2.2 NAME Willma Davis
2.3 STREET ADDRESS 220 Kendrick Street
2.4 CITY-ST-ZIP Newton, MA 02458

TITLE D ☐ DELETE
NAME BROWN, RICHARD
STREET ADDRESS 4 PARTRIDGE STREET
CITY-ST-ZIP MEDWAY MA

3.1 TITLE President/Treasurer ☐ Change ☐ Addition
3.2 NAME John Butler
3.3 STREET ADDRESS 4 Blacksmith Drive
3.4 CITY-ST-ZIP Medfield, MA 02052

TITLE D ☐ DELETE
NAME STAPLETON, MARGARET
STREET ADDRESS 205 COUNTRY WAY
CITY-ST-ZIP SCITUATE MA

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME SANTOM, DAVID
STREET ADDRESS 16 SMITH STREET
CITY-ST-ZIP WESTBOROUGH MA

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE AS ☒ DELETE
NAME O'NEILL, KRISTIN
STREET ADDRESS 829 EAST THIRD STREET
CITY-ST-ZIP S. BOSTON MA

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

John M. Butler RED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/14/99

Date

Daytime Phone #

(617) 572-4780

CR2E034 (11/98)