


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/03/1981

5. FEI Number

04-2693209

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	NASTOU, ROGER	7 BREMER CIRCLE	HINGHAM MA
SEC	RICCI, ANTONIETTE	3 THERESA ROAD	WOBURN MA 01801
D	BROWN, RICHARD	4 PARTRIDGE STREET	MEDWAY MA
D	STAPLETON, MARGARET	205 COUNTRY WAY	SCITUATE MA
VP	SANTOM, DAVID	16 SMITH STREET	WESTBOROUGH MA
DIR	DAVIS, WILLIAM	220 KENDRICK STREET	NEWTON MA 02458

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

 PATRICIA A. CANARIO,
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 10/25/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/01

617-572-4793

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 PM 3:20



REINSTATEMENT 01

JOHN HANCOCK LEASING CORPORATION

OFFICERS & DIRECTORS
2001

NAME	TITLE	HOME ADDRESS
John M. Butler	President/ Treasurer	4 Blacksmith Drive Medfield, MA 02052
David J. Santom	Vice President	42 Piccadilly Way Westborough, MA 01581
Antoniette Ricci	Secretary	3 Theresa Rd. Woburn, MA 01801
Richard Brown	Director	4 Partridge Street Medway, MA 02053
Roger Nastou	Director	7 Bremer Circle Hingham, MA 02043
Margaret Stapleton	Director	10 Ladds Way Scituate, MA 02066
Willma Davis	Director	220 Kendrick Street Newton, MA 02458