

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90348 011 \*\*\*150.00

**DOCUMENT # 848149**

1. Entity 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**

**44039740**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

04082004

Chg-P

CR2E034 (10/03)

4. FEI Number

**04-2693209**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NASTOU, ROGER	
STREET ADDRESS	7 BREMER CIRCLE	
CITY-ST-ZIP	HINGHAM, MA	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	RICCI, ANTONIETTE	
STREET ADDRESS	3 THERESA ROAD	
CITY-ST-ZIP	WOBURN, MA 01801	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAUCOM, EARL	
STREET ADDRESS	17 BRIDLE PATH	
CITY-ST-ZIP	SUDBURY, MA 01776	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STAPLETON, MARGARET	
STREET ADDRESS	205 COUNTRY WAY	
CITY-ST-ZIP	SCITUATE, MA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SANTOM, DAVID	
STREET ADDRESS	16 SMITH STREET	
CITY-ST-ZIP	WESTBOROUGH, MA	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	DAVIS, WLLMA	
STREET ADDRESS	220 KENDRICK STREET	
CITY-ST-ZIP	NEWTON, MA 02458	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRY WELCH	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/04**

Date

Daytime Phone #

Attachment

44039740

# 848149

**JOHN HANCOCK LEASING CORPORATION**

**OFFICERS & DIRECTORS - 2004**

<u>NAME</u>	<u>TITLE</u>	<u>HOME ADDRESS</u>
John M. Butler	President/ Treasurer	4 Blacksmith Drive Medfield, MA 02052
David J. Santom	Vice President	42 Piccadilly Way Westborough, MA 01581
Antoinette Ricci	Secretary	3 Theresa Rd. Woburn, MA 01801
Earl Baucom	Director	17 Bridle Path Sudbury, MA 01776
Wilma Davis	Director	220 Kendrick Street Newton, MA 02458
Barry Welch	Director	