

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THOMSON, WARREN
118 HUNTINGTON AVE APT 2101
BOSTON, MA 02116**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
CLARK, ELIZABETH A
26 MARGARET RD
NORTON, MA 02776**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ENGLISH, PAUL
347 WABAN AVE
NEWTON, MA 02468**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
DAVIS, WILLIAM
220 KENDRICK STREET
NEWTON, MA 02458**

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

U00000592316
01/19/07-80059-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

JOHN M BUTLER

1/8/07

Daytime Phone #