

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 848149

1. Entity Name
JOHN HANCOCK LEASING CORPORATION



FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90047 041 ***150.00

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

JUL10010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 04-2693209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SEC ☐ Delete
NAME RICCI, ANTONIETTE
STREET ADDRESS 3 THERESA ROAD
CITY-ST-ZIP WOBURN MA 01801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BAUCOM, EARL
STREET ADDRESS 17 BRIDLE PATH
CITY-ST-ZIP SUDBURY MA 01776

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIR ☐ Delete
NAME DAVIS, WLLMA
STREET ADDRESS 220 KENDRICK STREET
CITY-ST-ZIP NEWTON MA 02458

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/03
Date

617-572-4700
Daytime Phone #

CR2E034 (10/02)

061367 AT