


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90055 045 ***220.00

DOCUMENT # F04000000574 1. Entity Name HANCOCK FOREST MANAGEMENT INC.					
Principal Place of Business BRIXHAM GREEN III // ATN: SCHRECKENGAUST 13925 BALLANTYNE CORP. PLACE, SUITE 220 CHARLOTTE, NC 28277-2747			Mailing Address BRIXHAM GREEN III // ATN: SCHRECKENGAUST 13925 BALLANTYNE CORP. PLACE, SUITE 220 CHARLOTTE, NC 28277-2747		
2. Principal Place of Business <i>Richardson Bldg.</i> 13950 Ballantyne Corporate Place Suite, Apt. #, etc. 150			3. Mailing Address <i>Attn: Catalina Joa</i> 99 High Street Suite, Apt. #, etc. 26th Floor		
City & State Charlotte, NC			City & State Boston, MA		
Zip 28277		Country USA		Zip 02110	
Country USA		4. FEI Number 63-1241146			
5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 </div> <div style="width: 40%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DCEO	<input type="checkbox"/> Delete	TITLE		
NAME	CHRISTENSEN, DANIEL P		NAME		
STREET ADDRESS	99 HIGH STREET, 26TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA 021102747		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKNIGHT, BRUCE C		NAME		
STREET ADDRESS	99 HIGH STREET, 26TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA 021102747		CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	VP and CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILL, SUSAN F		NAME		
STREET ADDRESS	99 HIGH STREET, 26TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA 021102747		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	VP and GM-South <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARRE, WILLIAM		NAME		
STREET ADDRESS	99 HIGH STREET, 26TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA 021102747		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	MORGAN, MICHAEL J		NAME		
STREET ADDRESS	99 HIGH STREET, 26TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA 021102747		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLF, MICHAEL		NAME		
STREET ADDRESS	99 HIGH STREET, 26TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA 021102747		CITY-ST-ZIP		
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: <u><i>f x gree</i></u> 9 Feb 2006 617-747-1506 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

4001863U



01252006 Chg-P CR2E034 (11/05)

ATTACHMENT**40018630**

Florida Department of State - Division of Corporations

F04000000574**Corporation Fees****PROFIT AND NON-PROFIT**

Filing Fees	\$ 35.00	
Registered Agent Designation	\$ 35.00	
* Certified Copy (optional)	\$ 8.75	
TOTAL	\$ 78.75	
Amendment of any record	\$ 35.00	
Profit Annual Report (& Supplemental Fee)	\$150.00	
Profit Annual Report (Received after May 1)	\$550.00	
Amended-Profit Annual Report	\$ 61.25	
Articles of Correction	\$ 35.00	
Non-Profit Annual Report	\$ 61.25	
Certificate of Status	\$ 8.75	
* Certified Copy	\$ 8.75	(see below)
* Photocopies	\$ 10.00	(see below)
Change of registered agent	\$ 35.00	
Dissolution & withdrawal	\$ 35.00	
Foreign Name registration	\$ 87.50	
Foreign Name renewal	\$ 87.50	
Merger (per party)	\$ 35.00	
Certificate of Conversion	\$ 35.00	(+New Entity Filing fees, if applicable)
Reinstatement (Profit)	\$600.00	
Reinstatement (Non-Profit)	\$175.00	
Resignation of Reg. Agent (active corporation)	\$ 87.50	
(inactive corporation)	\$ 35.00	
Revocation of Dissolution	\$ 35.00	
Substitute service of process		
(Chapter 48, F.S.)	\$ 8.75	
* Certified Copies are \$8.75 for the first 8 pages and \$1.00 for each additional page, not to exceed a maximum of \$52.50. This fee is applied only to requests that are done in person. All mail-in requests are charged a flat \$8.75.		
* Photocopies are \$1.00 per page for requests that are brought in to our office. All mail-in requests are charged a flat \$10.00.		