**• FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00**

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # F97000001651 (5)

**1.** Corporation Name

**JOHN HANCOCK REAL ESTATE FINANCE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 200 CLARENDON ST., 53RD FL.<br>BOSTON MA 02117 | 200 CLARENDON ST., 53RD FL.<br>BOSTON MA 02117 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| **2.** Principal Place of Business (21) | **2a.** Mailing Address (26) |
| Suite, Apt #, etc (22) | Suite, Apt. #, etc. (27) |
| City & State (23) | City & State (28) |
| Zip (24) / Country (25) | Zip (29) / Country (30) |

**3.** Date Incorporated or Qualified: 04/01/1997

**4.** FEI Number: 04-2771755 ☐ Applied For ☐ Not Applicable

**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6.** Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

**8.** This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

**11.** Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12.** OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | C | ☐ DELETE |
| NAME | DOWD, EDWARD P | |
| STREET ADDRESS | 112 GREAT PLAIN AVE. | |
| CITY-ST-ZIP | WELLESLEY MA 02181 | |
| TITLE | DP | ☒ DELETE |
| NAME | LIVINGSTON, BAYARD U | |
| STREET ADDRESS | RR UPPER FERRY LANE | |
| CITY-ST-ZIP | NORWELL MA 02061 | |
| TITLE | DV | ☒ DELETE |
| NAME | BROWN, DONALD N | |
| STREET ADDRESS | 9 TROUT BROOK LANE | |
| CITY-ST-ZIP | NORWELL MA 02061 | |
| TITLE | V | ☒ DELETE |
| NAME | MCGUIRE, KEVIN | |
| STREET ADDRESS | 26 SLOCUM RD. | |
| CITY-ST-ZIP | LEXINGTON MA 02173 | |
| TITLE | S | ☒ DELETE |
| NAME | YOUNG, JAMES H | |
| STREET ADDRESS | 39 WARREN AVE. | |
| CITY-ST-ZIP | WOBURN MA 01801 | |
| TITLE | T | ☐ DELETE |
| NAME | MEISSNER, PAUL A JR. | |
| STREET ADDRESS | 44 HILLROCK ST. | |
| CITY-ST-ZIP | ROSLINDALE MA 02131 | |

**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE | President & Director | ☐ Change ☒ Addition |
| 1.2 NAME | Deborah H. McAneny | |
| 1.3 STREET ADDRESS | 73 Break Neck Hill Road | |
| 1.4 CITY-ST-ZIP | Southboro, MA 01772 | |
| 2.1 TITLE | Executive V.P. & Director | ☐ Change ☒ Addition |
| 2.2 NAME | John U. O'Sullivan | |
| 2.3 STREET ADDRESS | 5 Westgate Road | |
| 2.4 CITY-ST-ZIP | Wellesley, MA 02181 | |
| 3.1 TITLE | CEO & Director | ☒ Change ☐ Addition |
| 3.2 NAME | Edward P. Dowd | |
| 3.3 STREET ADDRESS | 112 Great Plain Ave. | |
| 3.4 CITY-ST-ZIP | Wellesley, MA 02181 | |
| 4.1 TITLE | Vice President | ☐ Change ☒ Addition |
| 4.2 NAME | MW Sam Davis | |
| 4.3 STREET ADDRESS | 60 Herring Weir Rd. | |
| 4.4 CITY-ST-ZIP | Duxbury, MA 02332 | |
| 5.1 TITLE | Secretary | ☐ Change ☒ Addition |
| 5.2 NAME | Sandra L. Silbert | |
| 5.3 STREET ADDRESS | 136 Beaconsfield Rd. | |
| 5.4 CITY-ST-ZIP | Brookline, MA 02146 | |
| 6.1 TITLE | | ☐ Change ☐ Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

CR2E034 (10/97)

**14.** 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE** Sandra L. Silbert 1/9/98 (617) 572-[illegible]