

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90071 047 ***150.00

DOCUMENT # F97000001651

1. Corporation Name

JOHN HANCOCK REAL ESTATE FINANCE, INC.



Principal Place of Business
200 CLARENDON ST., 53RD FL.
BOSTON MA 02117

Mailing Address
200 CLARENDON ST., 53RD FL.
BOSTON MA 02117

DO NOT WRITE IN THIS SPACE

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 PD ☐ DELETE
NAME MCANENY, DEBORAH H
STREET ADDRESS 73 BREAK NECK HILL RD
CITY-ST-ZIP SOUTHBORO MA 01772

TITLE CEO ☐ DELETE
NAME DOWD, EDWARD P
STREET ADDRESS 112 GREAT PLAIN AVE
CITY-ST-ZIP WELLESLEY MA 02181

TITLE VP ☐ DELETE
NAME DAVIS, SAM M
STREET ADDRESS 60 HERRING WEIR RD
CITY-ST-ZIP DUXBURY MA 02332

TITLE S ☐ DELETE
NAME SILBERT, SANDRA L
STREET ADDRESS 136 BEACONSFIELD RD
CITY-ST-ZIP BROOKLINE MA 02146

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME MCANENY DEBORAH H
2.3 STREET ADDRESS 36 SEARS ROAD
2.4 CITY-ST-ZIP SOUTHBORO, MA 01772

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE TREASURER ☐ Change ☒ Addition
6.2 NAME KEVIN J MCWILLIAMS
6.3 STREET ADDRESS 141 UNION BRIDGE ROAD
6.4 CITY-ST-ZIP DUXBURY, MA 02332

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, with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99
Date

(617) 572-3800
Daytime Phone #

CR2E034 (1/98)