

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90007 025 ***150.00

DOCUMENT # F97000001651

1. Entity 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**

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 **04-2771755**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	DOWD, EDWARD P	
STREET ADDRESS	112 GREAT PLAIN AVE.	
CITY-ST-ZIP	WELLESLEY MA 02181	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCANENY, DEBORAH H	
STREET ADDRESS	36 SEARS RD	
CITY-ST-ZIP	SOUTHBORO MA 01772	
TITLE	CEOD	<input checked="" type="checkbox"/> Delete
NAME	DOWD, EDWARD P	
STREET ADDRESS	112 GREAT PLAIN AVE	
CITY-ST-ZIP	WELLESLEY MA 02181	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAVIS, SAM M	
STREET ADDRESS	60 HERRING WEIR RD	
CITY-ST-ZIP	DUXBURY MA 02332	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SILBERT, SANDRA L	
STREET ADDRESS	136 BEACONSFIELD RD	
CITY-ST-ZIP	BROOKLINE MA 02146	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCWILLIAMS, KEVIN J	
STREET ADDRESS	141 UNION BRIDGE RD	
CITY-ST-ZIP	DUXBURY MA 02131	

TITLE	VP&D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'Sullivan, John U., Jr.	
STREET ADDRESS	200 Clarendon Street, T-53	
CITY-ST-ZIP	Boston, MA 02116	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McAneny, Deborah H.	
STREET ADDRESS	200 Clarendon Street, T-53	
CITY-ST-ZIP	Boston, MA 02116	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lacasse, Cynthia	
STREET ADDRESS	200 Clarendon Street, T-53	
CITY-ST-ZIP	Boston, MA 02116	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, M.W. Sam	
STREET ADDRESS	200 Clarendon Street, T-53	
CITY-ST-ZIP	Boston, MA 02116	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Garland, Deanna	
STREET ADDRESS	200 Clarendon Street, T-50	
CITY-ST-ZIP	Boston, MA 02116	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McWilliams, Kevin J.	
STREET ADDRESS	200 Clarendon Street, B-3	
CITY-ST-ZIP	Boston, MA 02116	

13. 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 11 or Block 12 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

Deanna Garland

January 30, 2001 617-572-9250

Date

Daytime Phone #

CR2E034 (10/00)

0440608