## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 24, 2004 8:00 am Secretary of State

DOCUMENT # F9700001651  1. Entity Name JOHN HANCOCK REAL ESTATE FINANCE, INC.					02-24-2004 90003 017 ***150.00			
Principal Place of Business Mailing Address					44012484			
200 CLARENDON STREET		200 CLARENDON STREET			34015404			
56TH FLOOR		56TH FLOOR						
BOSTON, MA 02116 US		BOSTON, MA 02116	US	: I <b>A D</b> fr <b>a</b> m		North Addin Addin Addin Albar Albar 18	11 E I 10 E I	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02052004	Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Num 04-27	ber 71755	<u>-</u> -	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certifica	te of Status Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name ar	d Address of New	Registered Agent		
CORPORATION SERVICE COMPANY			Name	Name				
1201 HAY			Street /	Address (P.O. Box Num	(P.O. Box Number is Not Acceptable)			
TALLAHAGGLE, TE 32301-2323			-					
			City	··· <u></u>		FL Zip Cod	e	
The above named entity submits this statement for the purpose of changing its registered office of the obligations of registered agent.				r registered agent, or b	oth, in the State of		and accept	
The bangarons at regions of agents								
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, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 Trust Fund Contribution.   Added to								
10.	OFFICERS AND	DIRECTORS	11.	ADDITION	S/CHANGES TO O	FFICERS AND DIRECTOR	S IN 11	
TITLE	D	☐ Delete	TITLE			☐ Change	Addition	
NAME	MCANENY, DEBORAH H		NAME					
STREET ADDRESS	200 CLARENDON ST. T-56		STREET ADDRESS					
CITY-ST-ZIP	BOSTON, MA 02116		CITY-ST-ZIP	<del> </del>			FTI A series	
TITLE NAME	LACASSE, CYNTHIA	☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS	200 CLARENDON ST. T-56		STREET ADDRESS					
CITY-ST-ZIP	BOSTON, MA 02116		CITY-ST-ZIP					
TITLE	PCED	☐ Delete	TITLE	President and	Director	Change	Addition	
NAME	DAVIS, M.W. SAM		NAME			, ,		
STREET ADDRESS	200 CLARENDON ST. T-56		STREET ADDRESS					
CITY-ST-ZIP	BOSTON, MA 02116		CtTY-ST-ZIP	<b> </b>		<del></del> _		
TITLE NAME	S CADLAND DEANNA	☐ Delete	TITLE	,		Change	Addition	
STREET ADDRESS	GARLAND, DEANNA 200 CLARENDON ST. T-30		NAME STREET ADDRESS					
CITY-ST-ZIP	BOSTON, MA 02116		CITY-ST-ZIP					
TITLE	Т	☐ Delete	TITLE			☐ Change	Addition	
NAME	MCWILLIAMS, KEVIN J		NAME					
STREET ADDRESS	200 CLARENDON ST B-3		STREET ADDRESS					
CITY-ST-ZIP	BOSTON, MA 02116		CITY-ST-ZIP				<del></del>	
TITLE	EXVP	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	NECTOW, BARRY S   200 CLARENDON STREET		NAME STREET ADDRESS	1				
•			CITY-ST-ZIP					
	partify that the information supplied with	this filiag does not qualify for th	<u> </u>	tod in Costina 110 07/	NO Florida Chatuta		-(	

Interiory certify that the information supplied with this hing 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 requirer 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:

SECVETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR