

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90146 021 ***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
200 Clarendon Street 56th Flr.

3. Mailing Address

200 Clarendon Street 56th Flr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-2771755**

Applied For

Not Applicable

Zip
02116

Country

Zip
02116

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MCANENY, DEBORAH H**
STREET ADDRESS **200 CLARENDON ST. T-56**
CITY-ST-ZIP **BOSTON MA 02116**

TITLE **D** ☐ Delete
NAME **LACASSE, CYNTHIA**
STREET ADDRESS **200 CLARENDON ST. T-56**
CITY-ST-ZIP **BOSTON MA 02116**

TITLE **VPD** ☐ Delete
NAME **DAVIS, M.W. SAM**
STREET ADDRESS **200 CLARENDON ST. T-56**
CITY-ST-ZIP **BOSTON MA 02116**

TITLE **S** ☐ Delete
NAME **GARLAND, DEANNA**
STREET ADDRESS **200 CLARENDON ST. T-30**
CITY-ST-ZIP **BOSTON MA 02116**

TITLE **T** ☐ Delete
NAME **MCWILLIAMS, KEVIN J**
STREET ADDRESS **200 CLARENDON ST B-3**
CITY-ST-ZIP **BOSTON MA 02116**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President, CEO & Director** ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Executive Vice President** ☐ Change ☒ Addition

NAME **Barry S. Nectow**
STREET ADDRESS **200 Clarendon Street**
CITY-ST-ZIP **Boston, MA 02116**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

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

3/26/2003

Date

617 572-9250

Daytime Phone #

CR2E034 (10/02)