

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

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Mar 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000004842 (7)

1. Corporation Name  
JOHN HANCOCK SIGNATURE SERVICES, INC.

Principal Place of Business  
P.O. BOX 111  
BOSTON MA 02117-1000

Mailing Address  
P.O. BOX 111  
BOSTON MA 02117-1000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/15/1997	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 04-3101183		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, DAVID A	1.2 NAME	
STREET ADDRESS	7 STEVENS ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINCHESTER MA 01890	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORIN, JOHN A	2.2 NAME	
STREET ADDRESS	33 CANAL ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINCHESTER MA 01890	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, CHRISTOPHER M	3.2 NAME	
STREET ADDRESS	1 PROSPECT ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAHANT MA 01908	3.4 CITY-ST-ZIP	
TITLE	DCFO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLONEY, THOMAS E	4.2 NAME	
STREET ADDRESS	464 MARSHALL ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLISTON MA 01746	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDEVITT, WILLIAM J	5.2 NAME	
STREET ADDRESS	17 LANE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PELHAM NH 03076	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKRINE, BRUCE E	6.2 NAME	
STREET ADDRESS	105 EAST ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HINGHAM MA 02043	6.4 CITY-ST-ZIP	

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:



David A. King

(617) 572-4853

CR2E034 (10/97)