FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04404** **(0)**

1. Corporation Name

JOHN HANCOCK REALTY EQUITIES, INC.

Principal Place of Business	Mailing Address
200 BERKELEY ST P O BOX 111 BOSTON MA 02117	200 BERKELEY ST P O BOX 111 BOSTON MA 02117

2. Principal Place of Business	2a. Mailing Address
21	26
Street Address 22	Street Address 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **12/18/1984**

3a. Date of Last Report: **02/28/1995**

4. FEI Number: **04-2765840** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 607.0505 and 607.1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	FITZGERALD, WILLIAM M		12 NAME	
STREET ADDRESS	21 PEQUOSETTE RD		13 STREET ADDRESS	
CITY-ST-ZIP	BELMONT MA		14 CITY-ST-ZIP	
TITLE	AVP	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MORROW, SCOTT		22 NAME	
STREET ADDRESS	191 CRANE NECK ST		23 STREET ADDRESS	
CITY-ST-ZIP	W. NEWBURY MA		24 CITY-ST-ZIP	
TITLE	S	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	SILBERT, SANDRA L.		32 NAME	
STREET ADDRESS	200 BERKELEY ST		33 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA		34 CITY-ST-ZIP	
TITLE	T	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	FRANK, RICHARD E.		42 NAME	
STREET ADDRESS	40 GREENWOOD AVE		43 STREET ADDRESS	
CITY-ST-ZIP	STOUGHTON MA		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	PITTMAN, MALCOLM		52 NAME	
STREET ADDRESS	200 BERKELEY ST		53 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA		54 CITY-ST-ZIP	
TITLE	D	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	SHEPARD, SUSAN M.		62 NAME	
STREET ADDRESS	92 PARKER RD		63 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY MA		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is valid, current and 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 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 added to the report with an address.

SIGNATURE: Sandra L Silbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 DATE (617) 572-3800 Daytime Phone #

Sandra L. Silbert 3000434

CR2E034 (12/95)