FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05929 (5)

1. Corporation Name
BANCBOSTON LEASING INC.

Principal Place of Business	Mailing Address
100 FEDERAL STREET BOSTON MA 02110	100 FEDERAL STREET BOSTON MA 02110

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/08/1985
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 04-6110033	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23	28		
Zip / Country	Zip / Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	KELLY, PATRICK	1.2 NAME	
STREET ADDRESS	31 BAYSIDE VILLAGE	1.3 STREET ADDRESS	7 Arbor Circle
CITY-ST-ZIP	IPSWICH MA	1.4 CITY-ST-ZIP	Natick MA 01760
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, DARYL K	2.2 NAME	
STREET ADDRESS	35 RIVERSIDE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORWELL MA	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	COUGHLIN, PAUL D	3.2 NAME	
STREET ADDRESS	308 SCHOOL ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	WATERTOWN MA	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	☒ Change ☐ Addition
NAME	MCGINNIS, TERENCE A.	4.2 NAME	
STREET ADDRESS	100 FEDERAL STREET	4.3 STREET ADDRESS	24 Cobb Ln
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	Lynn MA 01904
TITLE	VT	5.1 TITLE	☐ Change ☐ Addition
NAME	HITCHINGS, DAVID L.	5.2 NAME	
STREET ADDRESS	86 BRADFORD COMMONS LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRAINTREE MA	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	☐ Change ☐ Addition
NAME	TIGHE JAMES	6.2 NAME	
STREET ADDRESS	36 CENTRE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON MA 02186	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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: [signature] 3/30/95 434-5091
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000L397 FF