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Jun 23, 2003 8:00 am
Secretary of State
06-23-2003 90058 027 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P22098

1. Entity Name
NEW ENGLAND PORTFOLIO ADVISORS, INC.

Principal Place of Business	Mailing Address
501 BOYLSTON STREET BOSTON MA 02116-3708	C/O METLIFE INS 1 MADISON AVE AREA 6EF NEW YORK NY 10010

[redacted]

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	One MetLife Plaza Suite, Apt. #, etc. 27-01 Queens Plaza North
City & State	City & State Long Island City, NY
Zip / Country	Zip 11101 / Country U.S.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-2843036 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GUTHRIE, JOHN F., JR. 501 BOYLSTON STREET BOSTON MA 02116	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCDEVITT, THOMAS 501 BOYLSTON STREET BOSTON MA 02116	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS VON DER HEYDE, ABBY C 501 BOYLSTON STREET BOSTON MA 02116	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS Thomas M. Lenz 501 Boylston Street Boston, MA 02116 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RICE HEAD, SHARON 501 BOYLSTON STREET BOSTON MA 02116	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Anthony J. Williamson One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUTHRIE, JOHN F JR. 501 BOYLSTON STREET BOSTON MA 02116	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT BROWN, LEO R ONE MADISON AVENUE, TAX DEPT, 5H NEW YORK NY 10010	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT Gregory M. Harrison One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101 ☐ Change ☒ Addition

CR2E034 (10/02)

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: Gregory M. Harrison Gregory M. Harrison Assistant Treasurer, 04/09/2003
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #