

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000001131

**FILED**  
**Apr 22, 2025**  
**Secretary of State**  
**5141089393CC**

**Entity Name:** MANULIFE INVESTMENT MANAGEMENT TIMBERLAND AND AGRICULTURE INC

**Current Principal Place of Business:**

197 CLARENDON STREET  
BOSTON, MA 02116

**Current Mailing Address:**

197 CLARENDON STREET  
BOSTON, MA 02116 US

**FEI Number:** 04-3254942

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SOLMIE, DEREK  
Address 197 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name REYNOLDS, JASON  
Address 197 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name KENNEY, DAVID  
Address 197 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name PAWLOWSKI, ERIC  
Address 197 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name GHAI, VIPON  
Address 197 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

Title ASSISTANT SECRETARY  
Name BROWN, ALLISON  
Address 197 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name PETERSON, GERRY  
Address 197 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name GORFINKLE, MARC  
Address 197 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALLISON BROWN

**ASSISTANT SECRETARY** 04/22/2025

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name TAYLOR-JONES, MICHELLE  
Address 197 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

Title CFO  
Name NATAUPSKY, JEFFREY H.  
Address 197 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

Title CEO, PRESIDENT  
Name ANDREWS, ANNE VALENTINE  
Address 197 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116