

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000003066

**FILED**  
**Apr 25, 2019**  
**Secretary of State**  
**3815916413CC**

**Entity Name:** BOSTON PRIVATE BANK & TRUST COMPANY

**Current Principal Place of Business:**

TEN POST OFFICE SQUARE  
BOSTON, MA 02109

**Current Mailing Address:**

TEN POST OFFICE SQUARE  
BOSTON, MA 02109 US

**FEI Number:** 04-2942314

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CEO, PRESIDENT, DIRECTOR  
Name DEHELLIS, ANTHONY  
Address TEN POST OFFICE SQUARE  
City-State-Zip: BOSTON MA 02109

Title TREASURER  
Name CARRAHER, SEAN F  
Address TEN POST OFFICE SQUARE  
City-State-Zip: BOSTON MA 02109

Title SECRETARY  
Name COOPER, CHRISTOPHER A  
Address TEN POST OFFICE SQUARE  
City-State-Zip: BOSTON MA 02109

Title CHAIRMAN  
Name WATERS, STEPHEN M  
Address TEN POST OFFICE SQUARE  
City-State-Zip: BOSTON MA 02109

Title DIRECTOR  
Name BROWN, JAMES C  
Address TEN POST OFFICE SQUARE  
City-State-Zip: BOSTON MA 02109

Title DIRECTOR  
Name CHILDS, TORRANCE  
Address TEN POST OFFICE SQUARE  
City-State-Zip: BOSTON MA 02109

Title DIRECTOR  
Name KUENSTNER, DEBORAH F  
Address TEN POST OFFICE SQUARE  
City-State-Zip: BOSTON MA 02109

Title DIRECTOR  
Name LARSON, GLORIA C  
Address TEN POST OFFICE SQUARE  
City-State-Zip: BOSTON MA 02109

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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:** CHRISTOPHER A. COOPER

**SECRETARY**

**04/25/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name STEVENSON, KIMBERLY S  
Address TEN POST OFFICE SQUARE  
City-State-Zip: BOSTON MA 02109

Title DIRECTOR  
Name FURLONG, MARK F.  
Address TEN POST OFFICE SQUARE  
City-State-Zip: BOSTON MA 02109

Title DIRECTOR  
Name UBINAS, LUIS ANTONIO  
Address TEN POST OFFICE SQUARE  
City-State-Zip: BOSTON MA 02109

Title DIRECTOR  
Name SIMONS, PAUL M  
Address TEN POST OFFICE SQUARE  
City-State-Zip: BOSTON MA 02109

Title DIRECTOR  
Name GAVEN, STEVEN M  
Address TEN POST OFFICE SQUARE  
City-State-Zip: BOSTON MA 02109

Title DIRECTOR  
Name ZLATAKUS, LIZABETH H  
Address TEN POST OFFICE SQUARE  
City-State-Zip: BOSTON MA 02109

Title DIRECTOR  
Name GUYAUX, JOSEPH C.  
Address TEN POST OFFICE SQUARE  
City-State-Zip: BOSTON MA 02109

Title DIRECTOR  
Name SHOBACK, JACQUELINE S.  
Address TEN POST OFFICE SQUARE  
City-State-Zip: BOSTON MA 02109

Title DIRECTOR  
Name MCCUNE, JOY  
Address TEN POST OFFICE SQUARE  
City-State-Zip: BOSTON MA 02109