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**APPROVED AND FILED**

**5:11 PM 9:55**

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # 846868 (8)**

1. Corporation Name

**BOT FINANCIAL & LEASING CORPORATION B-4**

**SECRETARY OF STATE TALLAHASSEE, FLORIDA**

Principal Place of Business: **125 SUMMER ST (021101625) P.O. BOX 2332 BOSTON MA 02107 US**  
Mailing Address: **125 SUMMER ST (021101625) P.O. BOX 2332 BOSTON MA 02107 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: **21**  
Suite, Apt. #, etc: **22**  
City & State: **23**  
Zip: **24** Country: **25**

3. Date Incorporated or Qualified: **09/03/1980**  
3a. Date of Last Report: **04/28/1994**  
4. FEI Number: **04-2586399** 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

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 \_\_\_\_\_ (PRINT) \_\_\_\_\_ (DATE)

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	SPOKOWSKI, PHILIP A.
STREET ADDRESS	31 BARNSTABLE ROAD
CITY - ST - ZIP	WELLESLEY MA
TITLE	SVP
NAME	CAROLAN, RICHARD E.
STREET ADDRESS	60 LIVINGSTON ROAD
CITY - ST - ZIP	WELLESLEY MA
TITLE	DCP
NAME	MCCULLOCH, EUGENE F., JR
STREET ADDRESS	182 DEDHAM STREET
CITY - ST - ZIP	DOVER MA
TITLE	SVP
NAME	LIEBER, MICHAEL W.
STREET ADDRESS	85 BERKSHIRE ROAD
CITY - ST - ZIP	NEWTON MA
TITLE	SVP
NAME	STERNSTEIN, PHILIP S.
STREET ADDRESS	38 LEHIGH ROAD
CITY - ST - ZIP	WELLESLEY MA
TITLE	VP
NAME	HORTON, CHARLES E.
STREET ADDRESS	3 SCOTLAND HEIGHTS
CITY - ST - ZIP	NORTH READING MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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(1)(b), 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with a address.

SIGNATURE: *Charles E. Horton* **Charles E. Horton, Sr.** 4/27/95 (017) 573-9400  
DATE: \_\_\_\_\_