

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **846868** (8)

*NC 4-16-96*

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

*New Name: BTM Financial & Leasing Corporation B-4*



125 SUMMER ST (021101625)  
P.O. BOX 2332  
BOSTON MA 02107  
US

3. Date Incorporated or Qualified: **09/03/1980**  
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For	Not Applicable
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4	<b>04-2586399</b>		
23	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24	Zip	28	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
25	Country	29	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30	Country	30	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<i>See Attached List</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPOKOWSKI, PHILIP A.</b>	1.2 NAME	
STREET ADDRESS	<b>31 BARNSTABLE ROAD</b>	1.3 STREET ADDRESS	<i>125 Summer Street</i>
CITY-ST-ZIP	<b>WELLESLEY MA</b>	1.4 CITY-ST-ZIP	<i>Boston, MA 02110 For All</i>
TITLE	SVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAROLAN, RICHARD E.</b>	2.2 NAME	
STREET ADDRESS	<b>60 LIVINGSTON ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WELLESLEY MA</b>	2.4 CITY-ST-ZIP	
TITLE	DCP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCULLOCH, EUGENE F., JR</b>	3.2 NAME	
STREET ADDRESS	<b>182 DEDHAM STREET</b>	3.3 STREET ADDRESS	<b>700001793837</b>
CITY-ST-ZIP	<b>DOVER MA</b>	3.4 CITY-ST-ZIP	<b>04/25/96-01015-000</b>
TITLE	SVP <input type="checkbox"/> DELETE	4.1 TITLE	<b>***200.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIEBER, MICHAEL W.</b>	4.2 NAME	
STREET ADDRESS	<b>85 BERKSHIRE ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEWTON MA</b>	4.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STERNSTEIN, PHILIP S.</b>	5.2 NAME	
STREET ADDRESS	<b>38 LEHIGH ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WELLESLEY MA</b>	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HORTON, CHARLES E.</b>	6.2 NAME	
STREET ADDRESS	<b>3 SCOTLAND HEIGHTS</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH READING MA</b>	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)(k), 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: *Charles E. Horton, Jr.* Charles E. Horton, Jr. *4/16/96* (617) 573-9000  
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)