

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90005 020 ***150.00

DOCUMENT # **846868**

1. Entity Name

BTM FINANCIAL & LEASING CORPORATION B-4

Principal Place of Business

Mailing Address

125 SUMMER ST
 PO BOX 2332
 BOSTON, MA 02107

125 SUMMER ST
 PO BOX 2332
 BOSTON, MA 02107

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-2586399

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES/CEO	<input type="checkbox"/> Delete
NAME	DAVID HALE	
STREET ADDRESS	125 SUMMER ST	
CITY-ST-ZIP	BOSTON, MA 02110	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	PAUL NOLAN	
STREET ADDRESS	125 SUMMER ST	
CITY-ST-ZIP	BOSTON, MA 02110	
TITLE	EXEC VP	<input type="checkbox"/> Delete
NAME	RICHARD QUINN	
STREET ADDRESS	125 SUMMER ST	
CITY-ST-ZIP	BOSTON, MA 02110	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	KATHLEEN MALONEY	
STREET ADDRESS	125 SUMMER ST	
CITY-ST-ZIP	BOSTON, MA 02110	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	CHARLES E. HORTON JR.	
STREET ADDRESS	125 SUMMER ST	
CITY-ST-ZIP	BOSTON, MA 02110	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	PHILIP SPOWKOWSKI	
STREET ADDRESS	125 SUMMER ST	
CITY-ST-ZIP	BOSTON, MA 02110	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles E. Horton Jr.

CHARLES E. HORTON JR.

5/12/00

617-573-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)