

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

0613771 AT

DOCUMENT # 846868
1. Entity Name
BTM FINANCIAL & LEASING CORPORATION B-4



04-03-2003 90142 037 ***150.00

Principal Place of Business
**125 SUMMER ST
P.O. BOX 2332
BOSTON MA 02107
US**

Mailing Address
**125 SUMMER ST
P.O. BOX 2332
BOSTON MA 02107
US**



2. Principal Place of Business
**111 HUNTINGTON AVE,
Suite, Apt. #, etc.
400**

3. Mailing Address
**111 HUNTINGTON AVE,
Suite, Apt. #, etc.
400**

CHECK HERE IF MAKING CHANGES

City & State
BOSTON MA

City & State
BOSTON MA

Zip
02199

Country

Zip
02199

Country

4. FEI Number **04-2586399**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 **CT CORPORATION SYSTEM**
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road
City **Plantation** State **FL** Zip Code **33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPOKOWSKI, PHILIP A. 125 SUMMER ST. BOSTON MA 02110 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MEEHAN, DAVID 125 SUMMER ST BOSTON MA 02110 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MALONEY, KATHLEEN 125 SUMMER STREET BOSTON MA 02110 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NOLAN, PAUL 125 SUMMER ST. BOSTON MA 02110 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV QUINN, RICHARD 125 SUMMER ST BOSTON MA 02110 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORTON, CHARLES E. 125 SUMMER ST. BOSTON MA 02110 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MEEHAN, DAVID 111 HUNTINGTON AVE, Suite 400 BOSTON MA 02199 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KATHLEEN MALONEY 111 HUNTINGTON AVE, Suite 400 BOSTON MA 02199 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NOLAN, PAUL 111 HUNTINGTON AVE, Suite 400 BOSTON MA 02199 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV QUINN, RICHARD, JR. 111 HUNTINGTON AVE, Suite 400 BOSTON MA 02199 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORTON, CHARLES E. JR. 111 HUNTINGTON AVE, Suite 400 BOSTON MA 02199 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles E. Horton Jr **Charles E. Horton Jr** 4/1/03 617-573-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)