

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F9300000974 (6)

1. Corporation Name

Eastrich No.105 Corporation

Principal Place of Business

Mailing Address

c/o Aldrich Eastman Waltch
225 Franklin Street Same
Boston, MA 02110

3. Date Incorporated or Qualified
3/15/93

3a. Date of Last Report
8/7/95

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
04-3176759

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

The Prentice Hall Corporation System, Inc.
1201 Hays Street, Suite #105
Tallahassee, FL 32301

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 officer 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

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

(NOTE: Registered Agent signature required by new registration)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President/Director	<input type="checkbox"/> DELETE
NAME	Joseph F. Azrack	
STREET ADDRESS	19 Bedford Street	
CITY-ST-ZIP	Lincoln, MA 01773	
TITLE	Vice-President/Director	<input type="checkbox"/> DELETE
NAME	Thomas H. Nolan	
STREET ADDRESS	1501 Huckleberry Court	
CITY-ST-ZIP	W. Peabody, MA 01960	
TITLE	Vice-President/Director	<input type="checkbox"/> DELETE
NAME	J. Grant Monahan	
STREET ADDRESS	68 Snake Hill Road	
CITY-ST-ZIP	Belmont, MA 02178	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Gerd A. Cross	
STREET ADDRESS	47 Robinson Creek Road	
CITY-ST-ZIP	Pembroke, MA 02359	
TITLE	Clerk	<input type="checkbox"/> DELETE
NAME	J. Grant Monahan	
STREET ADDRESS	68 Snake Hill Road	
CITY-ST-ZIP	Belmont, MA 02178	
TITLE	Assistant Clerk	<input type="checkbox"/> DELETE
NAME	Arleen M. Bernardi	
STREET ADDRESS	22 Westvale Road	
CITY-ST-ZIP	Milton, MA 02186	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

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***200.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arleen M. Bernardi

4/30/96

617 261 9000

CR2E034 (12/95)