

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90040 048 ***550.00

DOCUMENT # F93000000974

1. Entity Name
EASTRICH NO. 105 CORPORATION

Principal Place of Business

C/O AEW LP
 225 FRANKLIN STREET
 BOSTON MA 02110

Mailing Address

C/O AEW LP
 225 FRANKLIN STREET
 BOSTON MA 02110

ADD73033



DO NOT WRITE IN THIS SPACE

2. Principal Place of

C/O AEW Capital Management

3. Mailing Address

C/O AEW Capital Management

Suite, Apt. #, etc.

Two Seaport Lane

Suite, Apt. #, etc.

Two Seaport Lane

City & State

Boston MA

City & State

Boston MA

4. FEI Number

04-3176759

Applied For

Not Applicable

Zip

02210

Country

Zip

02210

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	AZRACK, JOSEPH F	
STREET ADDRESS	19 BEDFORD STREET	
CITY-ST-ZIP	LINCOLN MA 01773	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NOLAN, THOMAS H JR.	
STREET ADDRESS	19 STONEYBROOK CIRCLE	
CITY-ST-ZIP	ANDOVER MA 01810	
TITLE	VDC	<input type="checkbox"/> Delete
NAME	MONAHON, J G	
STREET ADDRESS	68 SNAKEHILL ROAD	
CITY-ST-ZIP	BELMONT MA 02178	
TITLE	T	<input type="checkbox"/> Delete
NAME	CALDWELL, JEANNE M	
STREET ADDRESS	225 FRANKLIN ST	
CITY-ST-ZIP	BOSTON MA 02110	
TITLE	AC	<input type="checkbox"/> Delete
NAME	BERNARDI, ARLEEN M	
STREET ADDRESS	22 WESTVALE RD	
CITY-ST-ZIP	MILTON MA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J Grant Monahan
 Date

617-261-9209
 Daytime Phone #

J Grant Monahan

CR2E034 (5/00)