

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F93000005284 (5)
1. Corporation Name

J.D. Eastrich Properties Corporation

Principal Place of Business: c/o Aldrich Eastman Walth
225 Franklin Street
Boston, MA 02110
Mailing Address: Same

3. Date Incorporated or Qualified: 11/19/93
3a. Date of Last Report: 8/7/95
4. FEI Number: 04-3213186
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

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
27
City & State: 23
28
Zip: 24
Country: 25
29
Country: 30

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
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	President/Director	<input type="checkbox"/> DELETE
NAME	Joseph F. Azrack	
STREET ADDRESS	225 Franklin Street	
CITY-ST-ZIP	Boston, MA 02110	
TITLE	Vice-President/Director	<input type="checkbox"/> DELETE
NAME	Thomas H. Nolan	
STREET ADDRESS	225 Franklin Street	
CITY-ST-ZIP	Boston, MA 02110	
TITLE	Vice-President/Director	<input type="checkbox"/> DELETE
NAME	J. Grant Monahan	
STREET ADDRESS	225 Franklin Street	
CITY-ST-ZIP	Boston, MA 02110	
TITLE	Vice-President	<input type="checkbox"/> DELETE
NAME	Peter W. Ahl	
STREET ADDRESS	225 Franklin Street	
CITY-ST-ZIP	Boston, MA 02110	
TITLE	Vice-President	<input checked="" type="checkbox"/> DELETE
NAME	John L. Sullivan	
STREET ADDRESS	225 Franklin Street	
CITY-ST-ZIP	Boston, MA 02110	
TITLE	Vice-President	<input checked="" type="checkbox"/> DELETE
NAME	Peter D. Levin	
STREET ADDRESS	225 Franklin Street	
CITY-ST-ZIP	Boston, MA 02110	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Assistant Clerk	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Arleen M. Bernardi	
1.3 STREET ADDRESS	22 Westvale Rd.	
1.4 CITY-ST-ZIP	Milton, MA 02186	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	100001898861	
5.3 STREET ADDRESS	-07/19/96--01006--021	
5.4 CITY-ST-ZIP	***200.00	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 617 261-9000
Daytime Phone

CR2E034 (12/95)