2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M000000187 1. Entity Name GREAT EASTERN TIMBER COMPANY LLC					FILED		
Principal Place of Business 99 HIGH ST 26TH FLOOR BOSTON MA 02110		Mailing Address 99 HIGH ST 26TH FLOOR BOSTON MA 02110			OIFEB 23 PM 3: 27 SECRETARY OF STAIL TALLAHASSEE, FLORIDA		
2. Principal P	lace of Business	3. Mailing Address	ailing Address		: 100;89() (() 00;() 30(); 80()) 00;() 00()) 00;()	gelit enigt liget i blis lagt lagt	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEIN	1umber 04-3498030	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required			
	6. Name and Address of Currer	nt Registered Agent		7. Nam	and Address of New Registered		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				e			
				Street Address (P.O. Box Number is Not Acceptable)			
			City	City FL Zip Code		Zip Code	
SIGNATURE .	Signature, typed or printed name of registered age	FILE.	NOW!!!_FEE.!!		ng) DATE		
		Make Check F	Payable to Dep	artment of State			
9.	MANAGING MEMBERS/MEMBERS			ADDITIONS/CHANGES			
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	High Street Timber Partners, LLC 99 High Street, 26th Floor Boston, MA 02110			California Public Employees Retirement System Sacramento, CA 95812			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	John Hanc 200 Clare	☐ Change ☐ Addition John Hancock Life Insurance Company 200 Clarendon Street Boston MA 02117		
TITLE NAME STREET ADDRESS CITY -8T-ZIP		□ Delete	NAME STREET ADDRE		900003769 -02/27/01=-0	☐ Change ☐ Addition 179—☐ 3 1018—016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss	***************************************	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZE		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS	\wedge	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE	ess .	- J N	☐ Change ☐ Addition	
indicated	certify that the information supplied wi on this report is true and accurate an bility company or the receiver or trust MARTORIE	d that my signature shall hav	e the same legal e	effect as if made under	oath: that I am a managing memb	er or manager of the	

SIGNATURE: Manager, Great Eaglery, Hancock Natural Resource Group Inc. Manager, Great Eaglery, Signature and Typed or Printed Name of Signing Managing Member, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Prone ILLC