2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 04, 2002 8:00 am DOCUMENT # **N94000005288** Secretary of State 1. Entity Name 02-04-2002 90347 032 ****61.25 BEACON INDUSTRIAL PARK ASSOCIATION, INC. Principal Place of Business Mailing Address 60 STATE STREET PIER 1. BAY 1 SUITE 3700. SAN FRANCISCO CA 94111 BOSTON MA 02109 2. Principal Place of Business 3. Mailing Address _DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0584413 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired . \square Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 City Zip Code FL 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, DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/01) TITLE TITLE ☐ Addition ☐ Delete Change kent Greenawalt NAME GREENAWART, KENT D NAME STREET ADDRESS CR2E037 60 STATE STREET, STE 3700 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA 02109** ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME FREEDMAN, BRUCE STREET ADDRESS STREET ADDRESS **60 STATE STREET, STE 3700** CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA 02109** ☐ Delete **Change** ☐ Addition TITLE BELMONTE, LUIS NAME NAME Pierl, Bay 1 STREET ADDRESS STREET ADDRESS **505 MONTGOMERY AVE** CITY-ST-7IP CITY-ST-ZIP San Francisco SAN FRANCISCO CA 94111 President ☐ Delete **Addition** TITLE TITLE ☐ Change NAME Kent Greenawalt NAME State St. Ste 3700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 02109 ☐ Delete I Secretary, Treasurer 🗆 Change TITLE TITLE David Buxbaum UD State St. Ste 3700 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 personnel to 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 personnel of the same attachment of 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 personnel of the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver of trustee empowered personnel of the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver of trustee empowered personnel or on the receiver of trustee empower or trus changed, or on an attachment an address, with all David Buxbaum

SIGNATURE:

UUIMED

VP, Sec. + Treasurer

Daytime Phone #