

## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



**DOCUMENT # N94000005288** 

BEACON INDUSTRIAL PARK ASSOCIATION, INC.

**FILED** Feb 09, 2005 8:00 am Secretary of State

02-09-2005 90028 021 \*\*\*\*61.25

90013960

Principal Place 60 STATE ST SUITE 3700 BOSTON, MA	REET	ing Address R 1, BAY 1 N FRANCISCO, CA 94111									
	lace of Business	3. Mailing Address CO MERINDA RATER, RERL, BAY L									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					01052005 Chg-NP CR2E037 (10/03)				
City & State	9	SAN FRANCISCO, C			A	,	4. FE! Number 65-0584413			<del></del>	plied For Applicable
Zip Country			11	5		5. Certificate of Status Desired   \$8.75 Additional Fee Required					
	6. Name and Address of Current	Registered	ed Agent Name				7. Name and Address of New Registered Agent				
CORPORA 1201 HAYS	ATION SERVICE COMPANY					dress (F	(P.O. Box Number is Not Acceptable)				
	SSEE, FL 32301		Sheet Address			70,000 (1	Service Control of the Accoptants				
			. 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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE  Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
		9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees  Make check payable to Florida Department of State					
10.	OFFICERS AND DI		11.			ADDITIONS/CHANG	ES TO OFFIC	ERS AND DIRE	CTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREENAWALT, KENT 60 STATE STREET, STE 3700 BOSTON, MA 02109		☐ Delete		i i			٠	[	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O FREEDMAN, BRUCE 60 STATE STREET, STE 3700 BOSTON, MA 02109 .		☐ Delete	•						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELMONTE, LUIS PIER 1, BAY 1 SAN FRANCISCO, CA 94111		☐ Delete		1					Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I					Change	Addition .

12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

(415) 133 - 948/

Daytime Phone #