2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 APR -6 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200069610132

DOCUMENT # N94000005288

1. Entity Name
BEACON INDUSTRIAL PARK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
Pier 1, Bay 1 San Francisco, CA 94111	Pier 1, Bay 1 San Francisco, CA 94111

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03232006 Chg-NP CR2E037 (11/05) 06

4. FEI Number 65-0584413 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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 DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GREENAWALT, KENT 60 STATE STREET, STE 3700 BOSTON, MA 02109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREEDMAN, BRUCE 60 STATE STREET, STE 3700 BOSTON, MA 02109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELMONTE, LUIS PIER 1, BAY 1 SAN FRANCISCO, CA 94111	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST BUXBAUM, DAVID 60 STATE ST STE 3700 BOSTON, MA 02109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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.

SIGNATURE: David Buxbaum, Secretary April 1, 2006 415-394-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell APR 7 2006

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CSC.

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : 072100000032

REFERENCE : 966957 5160089

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 61.25

ORDER DATE : April 5, 2006

ORDER TIME : 10:05 AM

ORDER NO. : 966957-025

CUSTOMER NO: 5160089

ANNUAL REPORT FILING

RECEIVED
06 APR -6 AM 11:05
DIVISION OF CORPORATION

NAME: BEACON INDUSTRIAL PARK ASSOCIATION, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: _____