

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P30543 (3)
1. Corporation Name
BERKSHIRE MORTGAGE FINANCE CORPORATION

Principal Place of Business Mailing Address
**470 ATLANTIC AVENUE 470 ATLANTIC AVENUE
BOSTON MA 02210 BOSTON MA 02210**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/09/1990	05/01/1994
22		27		4. FEI Number	Applied For
City & State		City & State		04-2985682	Not Applicable
23		28		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24		29		7. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country			
25		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	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, DAVID	1.2 NAME	
STREET ADDRESS	17 HIGHROCK ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	WAYLAND MA	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALPERN, RONALD	2.2 NAME	
STREET ADDRESS	52 JUNIPER ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	ANDOVER MA	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSKOWITZ, DAVID	3.2 NAME	
STREET ADDRESS	8 GRASMERE ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEEDHAM MA	3.4 CITY - ST - ZIP	
TITLE	AT	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURASCO, RONALD P.	4.2 NAME	Claire Umanzio
STREET ADDRESS	6 HILLOCK STREET	4.3 STREET ADDRESS	44 Concord Avenue
CITY - ST - ZIP	ROSLINDALE MA	4.4 CITY - ST - ZIP	Cambridge, MA 02138
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUPP, DOUGLAS	5.2 NAME	
STREET ADDRESS	33 WACHUSETT ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	WELLESLEY MA	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUPP, GEORGE	6.2 NAME	
STREET ADDRESS	7 WOODCHESTER DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEWTON MA	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] DATE: 4/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR