

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **08/09/1990**
3a. Date of Last Report: **05/01/1995**
4. FCI Number: **04-2985682**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, Suite, Apt. #, etc.: 22, City & State: 23, Zip: 24, Country: 25
2a. Mailing Address: 26, Suite, Apt. #, etc.: 27, City & State: 28, Zip: 29, Country: 30

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: _____ DATE: _____
Signature: Special certificate holder of registered agent and the corporation; or both: Registered Agent signature to print which is stating

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE <input type="checkbox"/>
NAME	MARSHALL, DAVID	
STREET ADDRESS	17 HIGHROCK ROAD	
CITY - ST - ZIP	WAYLAND MA	
TITLE	V	DELETE <input type="checkbox"/>
NAME	HALPERN, RONALD	
STREET ADDRESS	52 JUNIPER ROAD	
CITY - ST - ZIP	ANDOVER MA	
TITLE	S	DELETE <input type="checkbox"/>
NAME	MOSKOWITZ, DAVID	
STREET ADDRESS	8 GRASMERE ROAD	
CITY - ST - ZIP	NEEDHAM MA	
TITLE	AT	DELETE <input type="checkbox"/>
NAME	UMANZIO, CLAIRE	
STREET ADDRESS	44 CONCORD AVENUE	
CITY - ST - ZIP	CAMBRIDGE MA	
TITLE	D	DELETE <input type="checkbox"/>
NAME	KRUPP, DOUGLAS	
STREET ADDRESS	33 WACHUSETT ROAD	
CITY - ST - ZIP	WELLESLEY MA	
TITLE	D	DELETE <input type="checkbox"/>
NAME	KRUPP, GEORGE	
STREET ADDRESS	7 WOODCHESTER DRIVE	
CITY - ST - ZIP	NEWTON MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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, on an attachment with an address

SIGNATURE: *Claire F. Umancio*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Claire F. Umancio
Asst. Treas. Date: _____ Daytime Phone #: _____

CR2E034 (12/95)