

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 15 1997 8:00am  
Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P30543 (3)**

1. Corporation Name  
**BERKSHIRE MORTGAGE FINANCE CORPORATION**



|   |  |
|---|--|
| Principal Place of Business<br><b>470 ATLANTIC AVENUE<br/>BOSTON MA 02210</b> | Mailing Address<br><b>470 ATLANTIC AVENUE<br/>BOSTON MA 02210-2208</b> |
|---|--|

|                                |                         |   |  |
|--------------------------------|-------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address     | 3. Date Incorporated or Qualified<br><b>08/09/1990</b>  | 3a. Date of Last Report<br><b>05/01/1996</b> |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. | 4. FEI Number<br><b>04-2985682</b>  | Applied For<br>Not Applicable                |
| 22. City & State               | 27. City & State        | 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required        |
| 23. Zip                        | 28. Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees           |
| 24. Country                    | 29. Country             | 30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

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 type or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS                   |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|--|------------------------------------|---|--|
| TITLE<br><b>PD</b>                           | NAME<br><b>MARSHALL, DAVID</b>     | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS<br><b>17 HIGHROCK ROAD</b>    | CITY-ST-ZIP<br><b>WAYLAND MA</b>   | 1.2 NAME  |  |
| TITLE<br><b>V</b>                            | NAME<br><b>HALPERN, RONALD</b>     | 1.3 STREET ADDRESS                                    |  |
| STREET ADDRESS<br><b>52 JUNIPER ROAD</b>     | CITY-ST-ZIP<br><b>ANDOVER MA</b>   | 1.4 CITY-ST-ZIP                                       |  |
| TITLE<br><b>S</b>                            | NAME<br><b>MOSKOWITZ, DAVID</b>    | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>8 GRASMERE ROAD</b>     | CITY-ST-ZIP<br><b>NEEDHAM MA</b>   | 2.2 NAME  |  |
| TITLE<br><b>AT</b>                           | NAME<br><b>UMANZIO, CLAIRE</b>     | 2.3 STREET ADDRESS                                    |  |
| STREET ADDRESS<br><b>44 CONCORD AVENUE</b>   | CITY-ST-ZIP<br><b>CAMBRIDGE MA</b> | 2.4 CITY-ST-ZIP                                       |  |
| TITLE<br><b>D</b>                            | NAME<br><b>KRUPP, DOUGLAS</b>      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS<br><b>33 WACHUSETT ROAD</b>   | CITY-ST-ZIP<br><b>WELLESLEY MA</b> | 3.2 NAME  |  |
| TITLE<br><b>D</b>                            | NAME<br><b>KRUPP, GEORGE</b>       | 3.3 STREET ADDRESS                                    |  |
| STREET ADDRESS<br><b>7 WOODCHESTER DRIVE</b> | CITY-ST-ZIP<br><b>NEWTON MA</b>    | 3.4 CITY-ST-ZIP                                       |  |
|  |                                    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |                                    | 4.2 NAME  |  |
|  |                                    | 4.3 STREET ADDRESS                                    |  |
|  |                                    | 4.4 CITY-ST-ZIP                                       |  |
|  |                                    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |                                    | 5.2 NAME  |  |
|  |                                    | 5.3 STREET ADDRESS                                    |  |
|  |                                    | 5.4 CITY-ST-ZIP                                       |  |
|  |                                    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |                                    | 6.2 NAME  |  |
|  |                                    | 6.3 STREET ADDRESS                                    |  |
|  |                                    | 6.4 CITY-ST-ZIP                                       |  |

|                    |   |
|--------------------|---|
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. I do 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 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: *Claire F. Umansio* **SIGNATURE REQUIRED** **Claire F. Umansio** **Ass't. Treas.** **APR 22 1997**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)