

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

**FILED**  
**Feb 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P30543 (3)**  
 1. Corporation Name  
**BERKSHIRE MORTGAGE FINANCE CORPORATION**



Principal Place of Business <b>470 ATLANTIC AVENUE BOSTON MA 02210</b>	Mailing Address <b>470 ATLANTIC AVENUE BOSTON MA 02210</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/09/1990</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>04-2985682</b>	Applied For Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

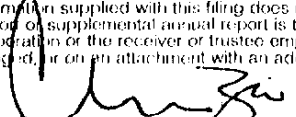
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>THE PRENTICE-HALL CORPORATION SYSTEM INC.                  1201 HAYS STREET                  SUITE 105                  TALLAHASSEE FL 32301</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARSHALL, DAVID</b>	1.2 NAME	<b>PETER DONOVAN</b>
STREET ADDRESS	<b>17 HIGHROCK ROAD</b>	1.3 STREET ADDRESS	<b>265 FAR REACH ROAD</b>
CITY-ST-ZIP	<b>WAYLAND MA</b>	1.4 CITY-ST-ZIP	<b>WESTWOOD MA 02090</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALPERN, RONALD</b>	2.2 NAME	
STREET ADDRESS	<b>52 JUNIPER ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ANDOVER MA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPELFOGER, SCOTT D</b>	3.2 NAME	<b>Spelfogel, Scott D.</b>
STREET ADDRESS	<b>8 GRASMERE ROAD</b>	3.3 STREET ADDRESS	<b>27 Sentry Hill Road</b>
CITY-ST-ZIP	<b>NEEDHAM MA</b>	3.4 CITY-ST-ZIP	<b>Sharon, MA 02067</b>
TITLE	<b>AT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>UMANZIO, CLAIRE</b>	4.2 NAME	
STREET ADDRESS	<b>44 CONCORD AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAMBRIDGE MA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRUPP, DOUGLAS</b>	5.2 NAME	
STREET ADDRESS	<b>33 WACHUSETT ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WELLESLEY MA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRUPP, GEORGE</b>	6.2 NAME	
STREET ADDRESS	<b>7 WOODCHESTER DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEWTON MA</b>	6.4 CITY-ST-ZIP	

14. I 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**  
 Assn. Treas. **FEB 20 1998** 617-423-2233

CR2E034 (10/97)