

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

000001

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P30543
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

2. Principal Place of Business	2a. Mailing Address
21 One Beacon Street Suite, Apt. #, etc.	26 One Beacon Street Suite, Apt #, etc.
22 Suite 1500, Tax Dept City & State	27 Suite 1500 Tax Dept City & State
23 Boston, MA 02108 Zip Country	28 Boston, MA 02108 Zip Country
24	29

9. Name and Address of Current Registered Agent

81 Name: THE PRENTICE-HALL CORPORATION SYSTEM INC.
82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
83 SUITE 105
84 City: TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1990

4. FEI 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 owes the current year Intangible Personal Property Tax: [] Yes [] No

10. Name and Address of New Registered Agent

FILED
99 MAR 15 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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	11 TITLE	P
NAME	DONOVAN, PETER	12 NAME	Ronald Halpern
STREET ADDRESS	265 FAR REACH RD	13 STREET ADDRESS	52 Juniper Road
CITY-ST-ZIP	WESTWOOD MA 02090	14 CITY-ST-ZIP	Andover, MA
TITLE	V	21 TITLE	V
NAME	HALPERN, RONALD	22 NAME	Paul Donahue
STREET ADDRESS	52 JUNIPER ROAD	23 STREET ADDRESS	One Beacon Street, Suite 1500
CITY-ST-ZIP	ANDOVER MA	24 CITY-ST-ZIP	Boston, MA 02108
TITLE	S	31 TITLE	
NAME	SPELFOGER, SCOTT D	32 NAME	
STREET ADDRESS	27 SENTRY HILL RD	33 STREET ADDRESS	
CITY-ST-ZIP	SHARON MA 02087	34 CITY-ST-ZIP	
TITLE	AT	41 TITLE	
NAME	UMANZIO, CLAIRE	42 NAME	
STREET ADDRESS	44 CONCORD AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	
NAME	KRUPP, DOUGLAS	52 NAME	
STREET ADDRESS	33 WACHUSETT ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY MA	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	
NAME	KRUPP, GEORGE	62 NAME	
STREET ADDRESS	7 WOODCHESTER DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	NEWTON MA	64 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, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____
Telephone: _____

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