

2000 UNIFORM BUSINESS REPORT (UBR)

0000032

DOCUMENT # P30543

1. Entity Name
BERKSHIRE MORTGAGE FINANCE CORPORATION

FILED

00 FEB 16 AM 10:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business BEACON STREET, STE. 1500 DEPT. MA 02108	Mailing Address ONE BEACON STREET, STE. 1500 TAX DEPT. BOSTON MA 02108-3116
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number 04-2985682	Applied For <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALPERN, RONALD 52 JUNIPER ROAD ANDOVER MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DONAHUE, PAUL ONE BEACON STREET, STE. 1500 BOSTON MA 02108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPELFOGER, SCOTT D 27 SENTRY HILL RD SHARON MA 02067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT UMANZIO, CLAIRE 44 CONCORD AVENUE CAMBRIDGE MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUPP, DOUGLAS 33 WACHUSETT ROAD WELLESLEY MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUPP, GEORGE 7 WOODCHESTER DRIVE NEWTON MA

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600003170196--8 -03/14/00--01132--008 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven J. Proquin Assistant Treasurer FEB 10 2000 617 523 7722

CR2E034 (9/99)