

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90014 036 ***150.00

US 1-4-3 AI

DOCUMENT # P30543

1. Entity Name
BERKSHIRE MORTGAGE FINANCE CORPORATION ✓

Principal Place of Business Mailing Address
ONE BEACON STREET, STE. 1500 **ONE BEACON STREET, STE. 1500**
TAX DEPT. **TAX DEPT.**
BOSTON MA 02108 **BOSTON MA 02108**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **04-2985682** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
|--|--|--|-------------|
| THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|---|---|
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALPERN, RONALD | NAME | |
| STREET ADDRESS | 52 JUNIPER ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | ANDOVER MA | CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DONAHUE, PAUL | NAME | |
| STREET ADDRESS | ONE BEACON STREET, STE. 1500 | STREET ADDRESS | |
| CITY-ST-ZIP | BOSTON MA 02108 | CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPELFOGEL, SCOTT D | NAME | |
| STREET ADDRESS | 27 SENTRY HILL RD | STREET ADDRESS | |
| CITY-ST-ZIP | SHARON MA 02067 | CITY-ST-ZIP | |
| TITLE | AT <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | UMANZIO, CLAIRE | NAME | |
| STREET ADDRESS | 44 CONCORD AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | CAMBRIDGE MA | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KRUPP, DOUGLAS | NAME | |
| STREET ADDRESS | 33 WACHUSETT ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | WELLESLEY MA | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KRUPP, GEORGE | NAME | |
| STREET ADDRESS | 7 WOODCHESTER DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | NEWTON MA | CITY-ST-ZIP | |

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: **Claire F. Umanzio**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Asst. Treasurer**

JAN 11 2002 **617-523-7722**
Date Daytime Phone #

CR2E034 (9/01)