

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P34510 (8)**

1. Corporation Name
BERKSHIRE REALTY COMPANY OF DELAWARE



Principal Place of Business
**470 ATLANTIC AVENUE
BOSTON MA 02210**

Mailing Address
**470 ATLANTIC AVENUE
BOSTON MA 02210**

3. Date Incorporated or Qualified **06/27/1991** 3a. Date of Last Report **04/24/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number 04-3086485	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

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

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 of Registered Agent or Director of the Corporation _____ Date _____
Signature of New Agent or Director of the Corporation _____ Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P GERBER, LAURENCE <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERBER, LAURENCE	2. NAME	
STREET ADDRESS	470 ATLANTIC AVENUE	3. STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA	4. CITY - ST - ZIP	
TITLE	PVT FRANK APESECHE <input type="checkbox"/> DELETE	2. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK APESECHE	2. 2. NAME	
STREET ADDRESS	470 ATLANTIC AVENUE	2. 3. STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA	2. 4. CITY - ST - ZIP	
TITLE	T PRITCHARD, MARIANNE <input type="checkbox"/> DELETE	3. 1. TITLE	SVP / CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITCHARD, MARIANNE	3. 2. NAME	
STREET ADDRESS	470 ATLANTIC AVENUE	3. 3. STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA	3. 4. CITY - ST - ZIP	
TITLE	S MOSKOWITZ, DAVID <input type="checkbox"/> DELETE	4. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSKOWITZ, DAVID	4. 2. NAME	
STREET ADDRESS	470 ATLANTIC AVENUE	4. 3. STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA	4. 4. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2. NAME	
STREET ADDRESS		5. 3. STREET ADDRESS	
CITY - ST - ZIP		5. 4. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 2. NAME	
STREET ADDRESS		6. 3. STREET ADDRESS	
CITY - ST - ZIP		6. 4. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a change instrument with an address.

SIGNATURE: *Marianne Pritchard* Marianne Pritchard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 30 1996

CR2E034 (12/95)