2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P34822 1. Entity Name BTMU CAPITAL CORPORATION Principal Place of Business Mailing Address 111 HUNTINGTON AVE. 111 HUNTINGTON AVE. 400 BOSTON, MA 02199 BOSTON, MA 02199

FILED Apr 10, 2007 08:00 A Secretary of State

CR2E034 (11/05)



DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 22-3031156 Not Applicable

5. Certificate of Status Desired

03202007

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

No Chg-P

8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
Signature Signature, typed or printed name of registered agent and ulle if applicable. (NOTE: Registered Age				required when reinstating)	DATE	
FIL After M	E NOWI!! FEE IS \$150.00 × ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	PCEO MEEHAN, DAVID A 111 HUNTINGTON AVE., STE. 400 BOSTON, MA 02199				000000697032 04/18/07-80023-016 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NOLAN, PAUL F 111 HUNTINGTON AVE. SUITE 400 BOSTON, MA 02199			•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV QUINN, RICHARD 111 HUNTINGTON AVE. SUITE 400 BOSTON, MA 02199			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HELMAN, MARK A 111 HUNTINGTON AVE., STE. 400 BOSTON, MA 02199			IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HORTON, CHARLES E 111 HUNTINGTON AVE. SUITE 400 BOSTON, MA 02199					
NAME STREET ADDRESS				•	***************************************	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

VICE PRESIDENT