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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P96000032350 (6)**

1. Corporation Name
EASTRICH NO. 186 CORPORATION

Principal Place of Business	Mailing Address
225 FRANKLIN STREET BOSTON MA 02110	225 FRANKLIN STREET BOSTON MA 02110-2804

3. Date Incorporated or Qualified: 04/12/1996
3a. Date of Last Report:

2. Principal Place of Business
21 AEW Capital Management, L.P.
Suite, Apt. #, etc.
22 225 Franklin Street
City & State
23 Boston, MA
Zip 24 02110 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 58-2242666 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	PARKER, RANDY J		1.2 NAME	Alison L. Husid	
STREET ADDRESS	225 FRANKLIN STREET C/O ALDRICH, EASTMAN		1.3 STREET ADDRESS	225 Franklin St., c/oAEW Capital Mgmt., LP	
CITY-ST-ZIP	BOSTON MA 02110		1.4 CITY-ST-ZIP	Boston, MA 02110	
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MONAHON, J. GRANT		2.2 NAME		
STREET ADDRESS	225 FRANKLIN STREET C/O ALDRICH, EASTMAN		2.3 STREET ADDRESS	225 Franklin St., c/oAEW Capital Mgmt., LP	
CITY-ST-ZIP	BOSTON MA 02110		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	ALBERT, THOMAS K		3.2 NAME		
STREET ADDRESS	225 FRANKLIN STREET C/O ALDRICH, EASTMAN		3.3 STREET ADDRESS	225 Franklin St., c/oAEW Capital Mgmt., LP	
CITY-ST-ZIP	BOSTON MA 02110		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	LAGERLUND, KARIN J		4.2 NAME		
STREET ADDRESS	225 FRANKLIN STREET		4.3 STREET ADDRESS	225 Franklin St., c/oAEW Capital Mgmt., LP	
CITY-ST-ZIP	BOSTON MA 02110		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE	Assistant Treasurer	☒ Change ☐ Addition
NAME	BIEBUSCH, DOREEM M		5.2 NAME		
STREET ADDRESS	225 FRANKLIN STREET		5.3 STREET ADDRESS	225 Franklin St., c/oAEW Capital Mgmt., LP	
CITY-ST-ZIP	BOSTON MA 02110		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE	Clerk	☒ Change ☐ Addition
NAME	MONAHON, J GRANT		6.2 NAME		
STREET ADDRESS	225 FRANKLIN STREET		6.3 STREET ADDRESS	225 Franklin St., c/oAEW Capital Mgmt., LP	
CITY-ST-ZIP	BOSTON MA 02110		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] 3/10/97 617 261-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #