


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 29 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # F93000003225 (0) 1. Corporation Name EIGHT WINTHROP PROPERTIES, INC. | | |



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| Principal Place of Business C/O FIRST WINTHROP CORPORATION ONE INTERNATIONAL PLACE BOSTON MA 02110 | Mailing Address C/O FIRST WINTHROP CORPORATION ONE INTERNATIONAL PLACE BOSTON MA 02110 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|---|--|
| 2. Principal Place of Business c/o First Winthrop Corp | | 2a. Mailing Address SAME AS PRINCIPAL | | 3. Date Incorporated or Qualified 07/14/1993 | |
| 21. Suite, Apt. #, etc. Five Cambridge Center 9th | | 26. Suite, Apt. #, etc. | | 4. FEI Number 04-3128906 | |
| 22. City & State Cambridge, MA | | 27. City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23. Zip 02142 | | 28. Zip US | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24. Country US | | 29. Country | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 | | | | 10. Name and Address of New Registered Agent | |
| 81. Name | | | | 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. City | | | | 84. Zip Code FL | |

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | | | | | |
|---------------------------------|----------------------------|--|--|---|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE | P | | | 1.1 TITLE | | | |
| NAME | MCCREADY, RICHARD J | | | 1.2 NAME | | | |
| STREET ADDRESS | 12 VALENTINE ST | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | WEST NEWTON MA | | | 1.4 CITY-ST-ZIP | | | |
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE | | | | 2.1 TITLE | | | |
| NAME | | | | 2.2 NAME | | | |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 2.4 CITY-ST-ZIP | | | |
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE | | | | 3.1 TITLE | | | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | | | |
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE | | | | 4.1 TITLE | | | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE | | | | 5.1 TITLE | | | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE | | | | 6.1 TITLE | | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. 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 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: **Peter Braverman**
VICE PRESIDENT

(516) 681-3636

CR2E034 (10/97)

EIGHT WINTHROP PROPERTIES, INC.

OFFICERS:

CHIEF EXECUTIVE OFFICER
CHIEF OPERATING OFFICER/PRESIDENT
SENIOR VICE PRESIDENT
CHIEF FINANCIAL OFFICER
VICE PRESIDENT/SECRETARY
VICE PRESIDENT
VICE PRESIDENT
TREASURER

MICHAEL ASHNER
RICHARD J. MCCREADY
PETER BRAVERMAN
ED WILLIAMS
CAROLYN TIFFANY
LARA SWEENEY
STEPHEN BONIFIELD
TOM STAPLES

**** All officers have an address c/o**

FIRST WINTHROP CORPORATION
5 CAMBRIDGE CENTER
9TH FLOOR
CAMBRIDGE, MA 02142

DIRECTORS:

MICHAEL ASHNER
c/o FIRST WINTHROP CORPORATION
5 CAMBRIDGE CENTER
9TH FLOOR
CAMBRIDGE, MA 02142

PETER BRAVERMAN
c/o FIRST WINTHROP CORPORATION
5 CAMBRIDGE CENTER
9TH FLOOR
CAMBRIDGE, MA 02142

RICHARD J. MCCREADY
c/o FIRST WINTHROP CORPORATION
5 CAMBRIDGE CENTER
9TH FLOOR
CAMBRIDGE, MA 02142