2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005551

Entity Name: MWH #14 CORPORATION

Current Principal Place of Business:

28 STATE STREET, 10TH FLOOR

BOSTON, MA 02109

Current Mailing Address:

28 STATE STREET, 10TH FLOOR BOSTON. MA 02109

FEI Number: 58-2417788 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

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.

Title

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Apr 21, 2015

Secretary of State

CC0688646466

Officer/Director Detail:

Title PRESIDENT, DIRECTOR, CEO,

CHAIRMAN

Name RUANE, MICHAEL A

Address 28 STATE STREET, 10TH FLOOR

City-State-Zip: BOSTON MA 02109

Title DIRECTOR

Name POSTERNAK, NOEL

Address 28 STATE STREET, 10TH FLOOR

City-State-Zip: BOSTON MA 02109

Title SENIOR VP

Name RAISIDES, JAMES P.

Address 28 STATE STREET, 10TH FLOOR

City-State-Zip: BOSTON MA 02109

Title REGIONAL DIRECTOR

Name HOHENTHAL, HEATHER L.

Address 28 STATE STREET, 10TH FLOOR

City-State-Zip: BOSTON MA 02109

TREASURER, SECRETARY

Name DALRYMPLE, SCOTT

Address 28 STATE STREET, 10TH FLOOR

City-State-Zip: BOSTON MA 02109

Title CONTROLLER

Name THOMAS, MEREDITH A

Address 28 STATE STREET, 10TH FLOOR

City-State-Zip: BOSTON MA 02109

Title REGIONAL DIRECTOR

Name DUTRA, NICOLE E.

Address 28 STATE STREET, 10TH FLOOR

City-State-Zip: BOSTON MA 02109

Title REGIONAL DIRECTOR

Name PARKER, REID T.

Address 28 STATE STREET, 10TH FLOOR

City-State-Zip: BOSTON MA 02109

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL A. RUANE PRESIDENT

Electronic Signature of Signing Officer/Director Detail

04/21/2015 Date

Officer/Director Detail Continued:

TitleREGIONAL DIRECTORTitleREGIONAL DIRECTORNameBRAND, ALAN E.NamePOWELL, JOHN W.

Address 28 STATE STREET, 10TH FLOOR Address 28 STATE STREET, 10TH FLOOR

City-State-Zip: BOSTON MA 02109 City-State-Zip: BOSTON MA 02109

TitleREGIONAL DIRECTORTitleREGIONAL DIRECTORNameKNOWLES, JAMES P.NameAMLING, SCOTT W.

Address 28 STATE STREET, 10TH FLOOR Address 28 STATE STREET, 10TH FLOOR

City-State-Zip: BOSTON MA 02109 City-State-Zip: BOSTON MA 02109

TitleREGIONAL DIRECTORTitleREGIONAL DIRECTORNameGOOD, CHRISTOPHER J.NameWALES, BROOKS D.

Address 28 STATE STREET, 10TH FLOOR Address 28 STATE STREET, 10TH FLOOR

City-State-Zip: BOSTON MA 02109 City-State-Zip: BOSTON MA 02109