

2013 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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P/D
Name	RUANE, MICHAEL A
Address	28 STATE STREET, 10TH FLOOR
City-State-Zip:	BOSTON MA 02109

Title	D
Name	POSTERNAK, NOEL
Address	28 STATE STREET, 10TH FLOOR
City-State-Zip:	BOSTON MA 02109

Title	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

Title	TSEC
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**AUTHORIZED SIGNER****03/25/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title REGIONAL DIRECTOR
Name BRAND, ALAN E.
Address 28 STATE STREET, 10TH FLOOR
City-State-Zip: BOSTON MA 02109

Title REGIONAL DIRECTOR
Name KNOWLES, JAMES P.
Address 28 STATE STREET, 10TH FLOOR
City-State-Zip: BOSTON MA 02109

Title REGIONAL DIRECTOR
Name GOOD, CHRISTOPHER J.
Address 28 STATE STREET, 10TH FLOOR
City-State-Zip: BOSTON MA 02109

Title REGIONAL DIRECTOR
Name POWELL, JOHN W.
Address 28 STATE STREET, 10TH FLOOR
City-State-Zip: BOSTON MA 02109

Title REGIONAL DIRECTOR
Name AMLING, SCOTT W.
Address 28 STATE STREET, 10TH FLOOR
City-State-Zip: BOSTON MA 02109

Title REGIONAL DIRECTOR
Name WALES, BROOKS D.
Address 28 STATE STREET, 10TH FLOOR
City-State-Zip: BOSTON MA 02109