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FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 616284 (6)  
1. Corporation Name  
BERKSHIRE RESIDENTIAL MORTGAGE CORPORATION

Principal Place of Business  
470 ATLANTIC AVE  
BOSTON MA 02210

Mailing Address  
470 ATLANTIC AVE  
BOSTON MA 02210-2208



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/03/1979	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1899933	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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	
84	City
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

Signature type: J 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	
TITLE	S	1.1 TITLE	S
NAME	MOSKOWITZ, DAVID	1.2 NAME	SCOTT D SPELTZOGEL
STREET ADDRESS	470 ATLANTIC AVE	1.3 STREET ADDRESS	470 ATLANTIC AVE
CITY - ST - ZIP	BOSTON MA	1.4 CITY - ST - ZIP	BOSTON MA 02210
TITLE	T	2.1 TITLE	
NAME	ROBERT BARROWS	2.2 NAME	
STREET ADDRESS	470 ATLANTIC AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	
NAME	MARSHALL, DAVID	3.2 NAME	
STREET ADDRESS	470 ATLANTIC AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA	3.4 CITY - ST - ZIP	
TITLE	AT	4.1 TITLE	
NAME	UMANZIO, CLAIRE	4.2 NAME	
STREET ADDRESS	470 ATLANTIC AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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.

Claire F. Umanzio  
Asst. Treas.

MAY 22 1997

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000001

CR2E034 (9/96)