

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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 616284</b>			
1. Corporation Name <b>BERKSHIRE RESIDENTIAL MORTGAGE CORPORATION</b>			
Principal Place of Business <b>470 ATLANTIC AVE BOSTON MA 02210</b>		Mailing Address <b>470 ATLANTIC AVE BOSTON MA 02210</b>	
2. Principal Place of Business		2a. Mailing Address	
21 One Beacon Street		26 One Beacon Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 Suite 1500, Tax Dept		27 Suite 1500 Tax Dept	
City & State		City & State	
23 Boston, MA 02108		28 Boston, MA 02108	
Zip Country		Zip Country	
24		30	
9. Name and Address of Current Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301			
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 re-registering)			
12. OFFICERS AND DIRECTORS			
TITLE	S	[ ] DELETE	
NAME	SPELFOGEL, SCOTT		
STREET ADDRESS	470 ATLANTIC AVE		
CITY-ST-ZIP	BOSTON MA		
TITLE	T	[ ] DELETE	
NAME	ROBERT BARROWS		
STREET ADDRESS	470 ATLANTIC AVE		
CITY-ST-ZIP	BOSTON MA		
TITLE	P	[ ] DELETE	
NAME	DONOVAN, PETER		
STREET ADDRESS	265 FAR REACH RD		
CITY-ST-ZIP	WESTWOOD MA 02090		
TITLE	AT	[ ] DELETE	
NAME	UMANZIO, CLAIRE		
STREET ADDRESS	470 ATLANTIC AVE.		
CITY-ST-ZIP	BOSTON MA		
TITLE		[ ] DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		[ ] DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE			
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	04/03/1979
4. FEI Number	59-1899933
5. Certificate of Status Desired	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Name and Address of New Registered Agent	

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 100002014081-0  
84 City  
-03/23/99-01010-013  
\*\*\*\*150.00 \*\*\*\*150.00  
FL

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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99

Date

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