FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:12

DOCUMENT # **831175** **(5)**

1. Corporation Name
BANCBOSTON REAL ESTATE CAPITAL CORPORATION

Principal Place of Business	Mailing Address
100 FEDERAL ST. BOSTON MA 02110	100 FEDERAL ST. BOSTON MA 02110

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/30/1973
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 04-2523364 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	11 TITLE	☐ Change ☐ Addition
NAME	AERTSEN, GUILLIAEM	12 NAME	
STREET ADDRESS	175 W. BROOKLINE ST.	13 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	GRAY, TAYLOR T.	22 NAME	
STREET ADDRESS	158 MARKED TREE RD.	23 STREET ADDRESS	
CITY-ST-ZIP	NEEDHAM MA 02192	24 CITY-ST-ZIP	
TITLE	C	31 TITLE	☐ Change ☐ Addition
NAME	GERHOLD, TIMOTHY A. G.	32 NAME	
STREET ADDRESS	21 OAK TERRACE	33 STREET ADDRESS	
CITY-ST-ZIP	NEWTON HIGHALNDS MA	34 CITY-ST-ZIP	
TITLE	AC	41 TITLE	AC ☒ Change ☐ Addition
NAME	SAWYER, R. SCOTT	42 NAME	FLOYD P. WIGGINS
STREET ADDRESS	7 OXBOW RD.	43 STREET ADDRESS	2FORGE RD
CITY-ST-ZIP	NATICK MA	44 CITY-ST-ZIP	SHARON, MA 02067
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	HIPP, WILLIAM F.	52 NAME	
STREET ADDRESS	40 OLD VERMONT PLACE	53 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	DELANEY, DENISE,	62 NAME	
STREET ADDRESS	18 THISSELL STREET	63 STREET ADDRESS	
CITY-ST-ZIP	PRIDLE CROSSING, MA 01965	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Aertsen, Guilliaem 3/14/95 (617) 434-3501
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0383100 FP