

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **831175** (5)
1. Corporation Name
BANCOSTON REAL ESTATE CAPITAL CORPORATION

Principal Place of Business

100 FEDERAL ST.
BOSTON MA 02110

Mailing Address

100 FEDERAL STREET
MAIL STOP MA-BOS 01-21-04
BOSTON MA 02110

FILED
Sep 30 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1973

4. FEI Number

04-2523364

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ DELETE

NAME **MCKOWN, DAVID K**
STREET ADDRESS **100 FEDERAL STREET**
CITY-ST-ZIP **BOSTON MA 02110**

TITLE **V** ☐ DELETE

NAME **DUCKETT, DENNIS**
STREET ADDRESS **100 FEDERAL STREET**
CITY-ST-ZIP **BOSTON MA 02110**

TITLE **C** ☐ DELETE

NAME **GERHOLD, TIMOTHY A. G.**
STREET ADDRESS **21 OAK TERRACE**
CITY-ST-ZIP **NEWTON HIGHLANDS MA**

TITLE **VD** ☐ DELETE

NAME **WIGGINS, FLOYD P.**
STREET ADDRESS **2 FORGE RD**
CITY-ST-ZIP **SHARON MA**

TITLE **VD** ☐ DELETE

NAME **HIPP, WILLIAM F.**
STREET ADDRESS **40 OLD VERMONT PLACE**
CITY-ST-ZIP **ATLANTA GA 30328**

TITLE **V** ☐ DELETE

NAME **FITZPATRICK, ROBERT L**
STREET ADDRESS **100 PEARL STREET**
CITY-ST-ZIP **HARTFORD CT 06103**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V, D** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE **P, C, D** ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 in an attachment with an address.

SIGNATURE: *[Signature]* **Floyd P. Wiggins**

9/30/98 11/17/11/21/2892

CR2E034 (5/98)