

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90021 004 \*\*\*150.00

DOCUMENT # **831175**

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

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  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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 VD ☐ 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 PCD ☐ DELETE  
NAME HIPPI, 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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☒ Addition  
2.2 NAME Gregory R. D. Clark  
2.3 STREET ADDRESS 100 Federal Street  
2.4 CITY-ST-ZIP Boston, MA 02110

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 ☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Timothy A. G. Gerhold*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY A. G. GERHOLD,

4/27/99

617-434-8794

Date

Daytime Phone #

CR2E034 (11/98)