

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 839625**

1. Entity Name

**NORTHWOOD REALTY CO., INC.****FILED****Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90096 017 \*\*\*150.00

Principal Place of Business

Mailing Address

FIVE CAMBRIDGE CENTER  
9TH FL  
CAMBRIDGE MA 02142  
USFIVE CAMBRIDGE CENTER  
9TH FL  
CAMBRIDGE MA 02142-1493  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **04-2566343**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOP  
ASHNER, MICHAEL  
FIVE CAMBRIDGE CTR., 9TH FLR  
CAMBRIDGE MA 02142 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Assistant Secretary  
Forrester, Allison  
5 Cambridge Center, 9th Floor  
Cambridge MA 02142 ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVP  
BRAVERMAN, PETER  
FIVE CAMBRIDGE CTR., 9TH FLR.  
CAMBRIDGE MA 02142 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
TIFFANY, CAROLYN  
FIVE CAMBRIDGE CTR., 9TH FLR  
CAMBRIDGE MA 02142 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVP  
SWEENEY, LARA  
FIVE CAMBRIDGE CTR., 9TH FLR  
CAMBRIDGE MA 02142 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPAS  
ALBA, JOHN D  
FIVE CAMBRIDGE CTR., 9TH FLR  
CAMBRIDGE MA 02142 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
DEMARCO, DAYNA  
FIVE CAMBRIDGE CTR., 9TH FLR  
CAMBRIDGE MA 02142 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. 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 report or supplemental 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 of trust empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (9/99)