

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90096 009 ***150.00

DOCUMENT # 841624

1. Entity Name
DEVON PROPERTIES, INC.

Principal Place of Business Mailing Address
 NORTHSTAR PRESIDIO MGMT CO INC NORTHSTAR PRESIDIO MGMT CO INC
 411 W PUTNAM AVE STE 270 411 W PUTNAM AVE STE 270
 GREENWICH CT 06830 GREENWICH CT 06830-6261
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5 Cambridge Center *Capital Sq*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
9th Fl *9th Fl*
 City & State City & State
Cambridge, MA *Cambridge, MA*
 Zip Zip Country Country
02142 *02142* *USA* *USA*

4. FEI Number Applied For
13-2954690 Not Applicable

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

6. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SABELLA, RICHARD	
STREET ADDRESS	411 W. PUTMAN AVE. #270	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	SVPC	<input checked="" type="checkbox"/> Delete
NAME	SCHACHTER, LAWRENCE R	
STREET ADDRESS	411 W. PUTMAN AVE #270	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	ROTHSCHILD, ALLAN B	
STREET ADDRESS	411 W. PUTMAN AVE. #270	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HUMBER, CHARLES	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROTHSCHILD, ALLAN B	
STREET ADDRESS	411 W. PUTNAM AVE #270	
CITY-ST-ZIP	GREENWICH CT	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Ashner	
STREET ADDRESS	Five Cambridge Ctr; 9th Fl	
CITY-ST-ZIP	Cambridge, MA 02142	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Brauerman	
STREET ADDRESS	Five Cambridge Ctr, 9th Fl.	
CITY-ST-ZIP	Cambridge, MA 02142	
TITLE	VPT Treasurer/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carolyn Tiffany	
STREET ADDRESS	Five Cambridge Ctr, 9th Fl	
CITY-ST-ZIP	Cambridge, MA 02142	
TITLE	Asst Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allison Forrester	
STREET ADDRESS	Five Cambridge Ctr, 9th Fl.	
CITY-ST-ZIP	Cambridge, MA 02142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 or trustee 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 another like empowered.

SIGNATURE: *Allison Forrester* Date: *1/27/2000* Daytime Phone #: *516 822 0022*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)