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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90077 007 \*\*\*\*61.25

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**DOCUMENT # 845806**

1. Corporation Name

**NET PROPERTIES MANAGEMENT, INC.**

Principal Place of Business

535 BOYLSTON STREET  
BOSTON MA 02116

Mailing Address

535 BOYLSTON STREET  
BOSTON MA 02116

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/23/1980</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>11-2436522</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country		

9. Name and Address of Current Registered Agent

**CAMPBELL, CHRISTOPHER L.**  
**3650 NORTH FEDERAL HIGHWAY**  
**LIGHTHOUSE POINT FL 33064**

10. Name and Address of New Registered Agent

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Christopher L. Campbell* **Christopher L. Campbell, Manager of Properties** **3/9/99**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCCARTHY, JR J</b>	1.2 NAME	<b>PRENDERGAST, THOMAS C.</b>
STREET ADDRESS	<b>99 FLORENCE ST</b>	1.3 STREET ADDRESS	<b>62 JACK PINE DRIVE</b>
CITY-ST-ZIP	<b>CHESTNUT HILL MA 92167</b>	1.4 CITY-ST-ZIP	<b>SUDBURY MA</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BAUGHN, III W</b>	2.2 NAME	<b>ZICHT, LOUIS C.</b>
STREET ADDRESS	<b>P O BOX 74 N/A</b>	2.3 STREET ADDRESS	<b>3 DARTMOUTH DRIVE</b>
CITY-ST-ZIP	<b>SHERBORN MA 01770</b>	2.4 CITY-ST-ZIP	<b>FRAMINGHAM, MA</b>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CASHMAN, GEORGE W</b>	3.2 NAME	<b>LAUGHTON, DAVID W.</b>
STREET ADDRESS	<b>15 WILLOW ST</b>	3.3 STREET ADDRESS	<b>3K OAKWOOD CIR</b>
CITY-ST-ZIP	<b>WOBURN MA 01801</b>	3.4 CITY-ST-ZIP	<b>GOFFSTOWN, NH</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BUONPANE, ANTHONY S</b>	4.2 NAME	<b>WALSH, PAUL V.</b>
STREET ADDRESS	<b>22 VALLEY BROOK LN</b>	4.3 STREET ADDRESS	<b>4 LAMBERT ROAD</b>
CITY-ST-ZIP	<b>NORTH HAVEN CT 06473</b>	4.4 CITY-ST-ZIP	<b>RANDOLPH, MA</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CUNNINGHAM, J DAWSON</b>	5.2 NAME	<b>BARRY, J. LEO</b>
STREET ADDRESS	<b>3478 YELLOW CREEK RD</b>	5.3 STREET ADDRESS	<b>307 WINDY ROW</b>
CITY-ST-ZIP	<b>AKRON OH 44313</b>	5.4 CITY-ST-ZIP	<b>PETERBOROUGH, NH</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>VAUGHN, III, WILLIAM M.</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>P O BOX 74</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>SHERBORN, MA 01770 (N/A)</b>

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 617, 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:

*Thomas C. Prendergast*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZICHT, VICE PRESIDENT

3/10/99

617/247-2200

Date Daytime Phone #

CR2E037 (1/98)