

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

FILED

Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **853937** (1)
1. Corporation Name
FOUR ST. JAMES LEASING CO., INC.



Principal Place of Business ONE INTERNATIONAL PLACE 12TH FLOOR BOSTON MA 02110	Mailing Address ONE INTERNATIONAL PLACE 12TH FLOOR BOSTON MA 02110
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/30/1982	
4. FEI Number 04-2775951	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 c/o First Winthrop Corp. Suite, Apt. #, etc. 22 Five Cambridge Center 9th City & State 23 Cambridge, MA Zip 24 02142	2a. Mailing Address 26 Same As Principal Suite, Apt. #, etc. City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCCREADY, RICHARD J 12 VALENTINE ST WEST NEWTON MA <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See Attached Sheet
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. **Peter Braverman**

SIGNATURE: **NATURE RECEIVED** President

(516) 681-3636

CR2E034 (10/97)

FOUR ST. JAMES LEASING CO. INC.

OFFICERS:

**CHIEF EXECUTIVE OFFICER
CHIEF OPERATING OFFICER/PRESIDENT
SENIOR VICE PRESIDENT
CHIEF FINANCIAL OFFICER
VICE PRESIDENT/SECRETARY
VICE PRESIDENT
VICE PRESIDENT
TREASURER**

**MICHAEL ASHNER
RICHARD J. MCCREADY
PETER BRAVERMAN
ED WILLIAMS
CAROLYN TIFFANY
LARA SWEENEY
STEPHEN BONIFIELD
TOM STAPLES**

**** All officers have an address c/o**

**FIRST WINTHROP CORPORATION
5 CAMBRIDGE CENTER
9TH FLOOR
CAMBRIDGE, MA 02142**

DIRECTORS:

**MICHAEL ASHNER
c/o FIRST WINTHROP CORPORATION
5 CAMBRIDGE CENTER
9TH FLOOR
CAMBRIDGE, MA 02142**