2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A28528

1. Entity Name

CORNERSTONE EXECUTIVE POINT LIMITED PARTNERSHIP

FILED
00 JAN 27 AM 10: 37
STATE

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% NORWICH 2150 WASHINGTON ST. NEWTON MA 02462	% NORWICH 2150 WASHINGTON ST. NEWTON MA 02462-1498

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 04-3060983 ☐ 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
HANSON, KARL, ESQ. % LE BOEUF, LAMB, LEIBY & MACRAE 50 LAURA STREET, SUITE 2800 JACKSONVILLE FL 32202	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. Capital Contributions as Shown on record. $4,182,650.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P36836 NORWICH CORPORATION 2150 WASHINGTON ST. NEWTON MA 02162	STREET ADDRESS CITY - ST - ZIP	700003119677--0 -02/01/00--01128--014
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CR2E003 (9/99)

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: NORWICH CORPORATION By ~~[illegible]~~ R. O'Connell, V.P. + Clerk 1/10/00 617-965-7110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date | Daytime Phone #