

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005171

1. Entity Name  
HERITAGE SPE CORP.

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90392 010 \*\*\*150.00

B0057191



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
C/O THE CORPORATION TRUST COMPANY  
1209 ORANGE STREET  
WILMINGTON DE 19801

Mailing Address  
C/O THE CORPORATION TRUST COMPANY  
1209 ORANGE STREET  
WILMINGTON DE 19801

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip Country Zip Country

4. FEI Number **APPLIED FOR**  
**04-3530043**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	PRENDERGAST, THOMAS C	
STREET ADDRESS	535 BOYLSTON STREET	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TRUEBLOOD, RICHARD L	
STREET ADDRESS	535 BOYLSTON STREET	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	WIDETT, GARY	
STREET ADDRESS	535 BOYLSTON STREET	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	ZICHT, LOU	
STREET ADDRESS	535 BOYLSTON STREET	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	VAT	<input type="checkbox"/> Delete
NAME	O'SULLIVAN, PATRICK	
STREET ADDRESS	535 BOYLSTON STREET	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBINSON, MARK E	
STREET ADDRESS	150 FEDERAL STREET	
CITY-ST-ZIP	BOSTON MA 02110	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO AND TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAW, David	
STREET ADDRESS	535 Boylston Street	
CITY-ST-ZIP	Boston MA 02116	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 all other like empowered.

SIGNATURE: *Patrick Sullivan* Vice President of Finance and Asst Treasurer 4/30/01 617-247-2200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)