

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000000974 (6)**

1. Corporation Name
EASTRICH NO. 105 CORPORATION

Principal Place of Business

**C/O ALDRICH, EASTMAN & WALTCH, L.P.
225 FRANKLIN STREET
BOSTON MA 02110**

Mailing Address

**C/O ALDRICH, EASTMAN & WALTCH, L.P.
225 FRANKLIN STREET
BOSTON MA 02110**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1993

4. FEI Number

04-3176759

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00** May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

TITLE **PD** ☐ DELETE

NAME **AZRACK, JOSEPH F**
STREET ADDRESS **19 BEDFORD STREET**
CITY-ST-ZIP **LINCOLN MA 01773**

TITLE **VD** ☐ DELETE

NAME **NOLAN, THOMAS H JR.**
STREET ADDRESS **1501 HUCKLEBERRY COURT**
CITY-ST-ZIP **W. PEABODY MA 01960**

TITLE **VDC** ☐ DELETE

NAME **MONAHAN, J G**
STREET ADDRESS **68 SNAKEHILL ROAD**
CITY-ST-ZIP **BELMONT MA 02178**

TITLE **T** ☒ DELETE

NAME **CROSS, GERD A**
STREET ADDRESS **47 ROBINSON CREEK RD.**
CITY-ST-ZIP **PEMBROKE MA 02359**

TITLE **AC** ☐ DELETE

NAME **BERNARDI, ARLEEN M**
STREET ADDRESS **22 WESTVALE RD**
CITY-ST-ZIP **MILTON MA**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**TREASURER
JEANNE M. CALDWELL
225 FRANKLIN ST.
BOSTON, MA 02110**

8000002629808

-09/01/98--01023--031

*****1650.00**

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 in an attachment with an address.

SIGNATURE:

[Signature]

7/28/98

617 241-9000

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CR2E034 (5/98)