

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90013 029 ***150.00

| | |
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| PROFIT CORPORATION ANNUAL REPORT 1999 | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|

DOCUMENT # F93000000974 ✓

1. Corporation Name

EASTRICH NO. 105 CORPORATION

| | |
|---|---|
| Principal Place of Business C/O AEW LP 225 FRANKLIN STREET BOSTON, MA 02110 | Mailing Address C/O AEW LP 225 FRANKLIN STREET BOSTON, MA 02110 |
|---|---|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/15/1993

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 the current year Intangible Personal
Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FLORIDA 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
NAME
STREET ADDRESS
CITY - ST - ZIP

P, D
AZRACK, JOSEPH F.
19 BEDFORD STREET
LINCOLN, MA 01773

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
NOLAN, THOMAS H. JR
1501 HUCKLEBERRY COURT
W. PEABODY, MA 01960

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VDC
MONAHON, J G
68 SNAKEHILL ROAD
BELMONT, MA 02178

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
CROSS, GERD A.
47 ROBINSON CREEK ROAD
PEMBROKE, MA 02359

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

AC
BERNARDI, ARLEEN
22 WESTVALE ROAD
MILTON, MA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

T
JEANNE M CALDWELL
MCCORMACK POST OFFICE BOX 1283
BOSTON, MA 02104-1283

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

VD
NOLAN, THOMAS H JR
19 STONYBROOK CIRCLE
ANDOVER, MA 01810

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Jeanne M. Caldwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99
Date

617-261-9273
Daytime Phone #