


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000001028	
1. Entity Name BRF CORPORATION OF MASSACHUSETTS	

Principal Place of Business ONE BEACON STREET, STE. 1500 TAX DEPT. BOSTON, MA 02108	Mailing Address ONE BEACON STREET, STE. 1500 TAX DEPT. BOSTON, MA 02108
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-2985681	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRUPP, DOUGLAS ONE BEACON STREET, STE. 1500 BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRUPP, GEORGE ONE BEACON STREET, STE. 1400 BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HALPERN, RONALD ONE BEACON STREET, STE. 1400 BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DONOVAN, PETER ONE BEACON STREET, STE. 1400 BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	A T UMANZIO, CLAIRE ONE BEACON STREET, STE. 1500 BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DONAHUE, PAUL ONE BEACON STREET, STE. 1500 BOSTON, MA 02108

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Claire F. Umancio Asst. Treasurer	JAN 26 2004	617-523-7722
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>