


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # F93000001028 1. Entity Name BRF CORPORATION OF MASSACHUSETTS	
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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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03132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 APESECHE, FRANK ONE BEACON STREET, SUITE 1500 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 ZAROSNY, WAYNE ONE BEACON STREET, STE. 1500 BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000705755
04/24/07-80006-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Claire F. Umanzio
Asst. Treasurer

APR 10 2007

Date

Daytime Phone #

617-523-7722