FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **F93000002281 (4)**

FILED
95 FEB -7 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

1. Corporation Name

MOSHE SAFDIE AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
100 PROPERZI WAY SOMERVILLE MA 02143	100 PROPERZI WAY SOMERVILLE MA 02143

3. Date Incorporated or Qualified: 05/14/1993
3a. Date of Last Report: 02/09/1994

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 04-2647253 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
~~1201 HAYES STREET~~
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1801 Haya Street
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: Marcia A. Hamer, Assistant Secretary — DATE: 2/3/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTCD	1.1 TITLE	☐ Change ☐ Addition
NAME	SAFDIE, MOSHE	1.2 NAME	
STREET ADDRESS	7 WATERHOUSE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA 02138	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	MOROG, JOSEPH V	2.2 NAME	
STREET ADDRESS	9 MOFFAT ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WABAN MA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	TRUSLOW, WILLIAM A	3.2 NAME	
STREET ADDRESS	4 HAWTHORN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA 02138	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	FRANCO, ISAAC	4.2 NAME	
STREET ADDRESS	112 HYDE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEWTON MA 02161	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	MATTHEWS, PHILIP	5.2 NAME	
STREET ADDRESS	7 LITTELL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLINE MA 02146	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	NAKAZAWA, PAUL W	6.2 NAME	
STREET ADDRESS	8 OAKLAND STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY MA 02181	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Moshe Safdie — 617-629-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #
MOSHE SAFDIE (W)

0393671 FP