

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90057 024 ***150.00

DOCUMENT # F93000003225

1. Corporation Name

EIGHT WINTHROP PROPERTIES, INC.

Principal Place of Business

C/O FIRST WINTHROP CORP.
FIVE CAMBRIDGE CENTER, 9TH FLOOR
CAMBRIDGE MA 02142
US

Mailing Address

C/O FIRST WINTHROP CORP.
FIVE CAMBRIDGE CENTER, 9TH FLOOR
CAMBRIDGE MA 02142
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1993

4. FEI Number

04-3128906

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPCO
MCCREADY, RICHARD J
5 CAMBRIDGE CENTER, 9TH FLOOR
CAMBRIDGE MA 02142

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCEO
ASHNER, MICHAEL
5 CAMBRIDGE CENTER, 9TH FLOOR
CAMBRIDGE MA 02142

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DSVP
BRAVERMAN, PETER J.
5 CAMBRIDGE CENTER, 9TH FLOOR
CAMBRIDGE MA 02412

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
WILLIAMS, ED
5 CAMBRIDGE CENTER, 9TH FLOOR
CAMBRIDGE MA 02142

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
TIFFANY, CAROLYN
5 CAMBRIDGE CENTER, 9TH FLOOR
CAMBRIDGE MA 02142

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
STAPLES, TOM
5 CAMBRIDGE CENTER, 9TH FLOOR
CAMBRIDGE MA 02142

☐ DELETE

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

☐ Change ☐ Addition

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

☐ 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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)

247697-40057-24
F98000003225

EIGHT WINTHROP PROPERTIES, INC.

OFFICERS:

CHIEF EXECUTIVE OFFICER/PRESIDENT
EXECUTIVE VICE PRESIDENT/ASSISTANT SECRETARY
CHIEF FINANCIAL OFFICER/VICE PRESIDENT/TREASURER
CHIEF OPERATING OFFICER/EXECUTIVE VICE PRESIDENT/
SECRETARY
SENIOR VICE PRESIDENT/ASSISTANT SECRETARY
SENIOR VICE PRESIDENT/ASSISTANT SECRETARY
VICE PRESIDENT/ASSISTANT SECRETARY
ASSISTANT SECRETARY
ASSISTANT SECRETARY
ASSISTANT SECRETARY
ASSISTANT VICE PRESIDENT/TREASURER
ASSISTANT VICE PRESIDENT
ASSISTANT VICE PRESIDENT

MICHAEL ASHNER
PETER BRAVERMAN
TOM STAPLES

CAROLYN TIFFANY
LARA SWEENEY
STEPHEN BONIFIELD
JOHN D. ALBA
DAYNA DEMARCO
AMY GRUCAN
ALLISON FORRESTER
JOHN GARILLI
HOLLY LOOSE
DAVID BULLOCK

** All officers have an address c/o

FIRST WINTHROP CORPORATION
FIVE CAMBRIDGE CENTER
9TH FLOOR
CAMBRIDGE, MA 02142

DIRECTORS:

MICHAEL L. ASHNER
c/o FIRST WINTHROP CORPORATION
FIVE CAMBRIDGE CENTER
9TH FLOOR
CAMBRIDGE, MA 02142