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May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F93000005731 (5)

1. Corporation Name

EASTRICH NO. 140 CORPORATION

Principal Place of Business

C/O ALDRICH, EASTMAN & WALTCH, L.P.  
225 FRANKLIN STREET  
BOSTON MA 02110

Mailing Address

C/O ALDRICH, EASTMAN & WALTCH, L.P.  
225 FRANKLIN STREET  
BOSTON MA 02110-2804

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified  
12/17/1993

3a. Date of Last Report  
05/01/1996

4. FEI Number

04-3218185

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 HAYS 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)

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  
DVPC  
MONAHAN, J G  
68 SNAKEHILL ROAD  
BELMONT MA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
ALBERT, THOMAS K  
178 OCEAN ST.  
LYNN MA 02178

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
GIFFORD, ROBERT G  
41 OXFORD ROAD  
NEWTON CENTER MA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
CROSS, GERD A  
47 ROBINSON CREEK RD.  
PEMBROKE MA

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AT  
BIEBUSCH, DOREEN M  
75 FOUNDRY ST #35  
S EASTON MA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AC  
BERNARDI, ARLEEN  
22 WESTVALE RD.  
MILTON MA 02188

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

*[Signature]*

4/29/97

CR2E034 (9/96)