

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90098 032 ***150.00

DOCUMENT # F93000005731

1. Entity 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

2. Principal Place of Business *C/O Aldrich Eastman & Waltch, L.P.*

Suite, Apt. #, etc. *World Trade Center East*

City & State *Two Seaport Lane*

Boston, MA 02210

3. Mailing Address *C/O Aldrich Eastman & Waltch, L.P.*

Suite, Apt. #, etc. *World Trade Center East*

City & State *Two Seaport Lane*

Boston, MA 02210



DO NOT WRITE IN THIS SPACE

4. FEI Number **04-3218185**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DVPC**
NAME **MONAHON, J G**
STREET ADDRESS **68 SNAKEHILL ROAD**
CITY-ST-ZIP **BELMONT MA** ☐ Delete

TITLE **VD**
NAME **ALBERT, THOMAS K**
STREET ADDRESS **176 OCEAN ST.**
CITY-ST-ZIP **LYNN MA 02178** ☒ Delete

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

TITLE **T**
NAME **LAGERLUND, KARIN**
STREET ADDRESS **225 FRANKLIN ST.**
CITY-ST-ZIP **BOSTON MA** ☐ Delete

TITLE **AT**
NAME **MAGEE, LINDA**
STREET ADDRESS **6 BRADFORD ST**
CITY-ST-ZIP **SALEM MA 01970** ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **T JEM Hudgins A.**
STREET ADDRESS **63 Franklin Road**
CITY-ST-ZIP **Norwell MA 02061**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 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

2/12/01

Date

617 261 9171

Daytime Phone #

CR2E034 (10/00)