

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90118 030 \*\*\*550.00

**DOCUMENT # F93000005731**

1. Entity Name

**EASTRICH NO. 140 CORPORATION**

Principal Place of Business

**C/O ALDRICH EASTMAN & WALTCH, L.P.  
 WORLD TRADE CENTER E 2 SEAPORT LANE  
 BOSTON MA 02110**

Mailing Address

**C/O ALDRICH EASTMAN & WALTCH, L.P.  
 WORLD TRADE CENTER E 2 SEAPORT LANE  
 BOSTON MA 02110**

**B0136214**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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. 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

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 NAME **DVPC** ☐ Delete  
**MONAHAN, J G**  
 STREET ADDRESS **68 SNAKEHILL ROAD**  
 CITY-ST-ZIP **BELMONT MA**

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

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

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

TITLE NAME **T** ☒ Delete  
**HUDGINS, JEM A**  
 STREET ADDRESS **63 FRANKLIN ROAD**  
 CITY-ST-ZIP **NORWELL MA 02061**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE NAME **Treasurer** ☒ Change ☐ Addition  
**Jonathan Martin**  
 STREET ADDRESS **2 Seaport Lane**  
 CITY-ST-ZIP **Boston, MA 02210**

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

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

TITLE NAME ☐ Change ☐ Addition  
 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**

**8/8/02**

Date

**(617) 261-9000**

Daytime Phone #

CR2E034 (4/02)



*Attachment*

FLORIDA DEPARTMENT OF STATE

**Jim Smith**

Secretary of State

August 14, 2002

EASTRICH NO. 140 CORPORATION  
C/O ALDRICH, EASTMAN & WALTCH, L.P.  
WORLD TRADE CENTER E 2 SEAPORT LANE  
BOSTON, MA 02110

Subject: **EASTRICH NO. 140 CORPORATION**

Reference Number: **F93000005731**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,  
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF  
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA  
32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JG  
ANNUAL REPORTS SECTION