

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

**FILED**  
**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 # F94000001352 (3)**

1. Corporation Name  
**EASTRICH NO. 129 CORPORATION**



Principal Place of Business: **C/O ALDRICH, EASTMAN & WALTCH 225 FRANKLIN ST. BOSTON MA 02110**  
 Mailing Address: **C/O ALDRICH, EASTMAN & WALTCH 225 FRANKLIN ST. BOSTON MA 02110-2804**

3. Date Incorporated or Qualified: **03/17/1994**      3a. Date of Last Report: **05/01/1996**  
 4. FEI Number: **04-3211643**      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

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS ST., #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: \_\_\_\_\_ (NCH: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CAMPANA, LORI D	
STREET ADDRESS	300 COMMERCIAL ST. #408	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALBERT, THOMAS K	
STREET ADDRESS	176 OCEAN STREET	
CITY-ST-ZIP	LYNN MA 01902	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MONAHON, J. GRANT	
STREET ADDRESS	68 SNAKE HILL ROAD	
CITY-ST-ZIP	BELMONT MA 02176	
TITLE	AC	<input type="checkbox"/> DELETE
NAME	BERNARDI, ARLEEN M	
STREET ADDRESS	22 WESTVALE RD.	
CITY-ST-ZIP	MILTON MA 02186	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CROSS, GERD A	
STREET ADDRESS	47 ROBINSON CREEK ROAD	
CITY-ST-ZIP	PEMBROKE MA 02359	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>T KARIN LOOPWIND</b>
5.3 STREET ADDRESS	<b>225 FRANKLIN ST</b>
5.4 CITY-ST-ZIP	<b>Boston Ma 02110</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: \_\_\_\_\_

4/29/97

CR2E034 (9/96)