FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001744 (1)

1. Corporation Name
FOURTEEN WINTHORP PROPERTIES, INC.

Principal Place of Business
C/O FIRST WINTHORP CORPORATION
ONE INTERNATIONAL PLACE
BOSTON MA 02110

Mailing Address
C/O FIRST WINTHORP CORPORATION
ONE INTERNATIONAL PLACE
BOSTON MA 02110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1994
3a. Date of Last Report:
4. FEI Number: 04-3221524 — 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
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 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	PC
NAME	HALLERAN JR, ARTHUR J
STREET ADDRESS	49 MILES RIVER ROAD
CITY-ST-ZIP	HAMILTON MA
TITLE	V
NAME	WEXLER, JONATHAN W
STREET ADDRESS	21 PRINCE STREET
CITY-ST-ZIP	BEVERLY MA
TITLE	VSD
NAME	MCCREADY, RICHARD J
STREET ADDRESS	12 VALENTINE STREET
CITY-ST-ZIP	W. NEWTON MA
TITLE	VT
NAME	GUZWOSKI, BRUCE T
STREET ADDRESS	439 PURITAN ROAD
CITY-ST-ZIP	SWAMPSCOTT MA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	President/Director	[X] Change ☐ Addition
1 2 NAME	Halleran, Arthur J. , Jr.	
1 3 STREET ADDRESS	49 Miles River Road	
1 4 CITY-ST-ZIP	Hamilton, MA 01982	
2 1 TITLE	VP/Treasurer/Director	[X] Change ☐ Addition
2 2 NAME	Wexler, Jonathan W.	
2 3 STREET ADDRESS	21 Prince Street	
2 4 CITY-ST-ZIP	Beverly, MA 01915	
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		[X] Change ☐ Addition
4 2 NAME	TO BE DELETED	
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] Richard J. McCready — 4/28/95 — (617) 330-8600
Typed or Printed Name of Signing Officer or Director — Date — Daytime Phone #

0000812 CP