

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000002463 (7)

1. Corporation Name

CORNERSTONE REAL ESTATE ADVISERS, INC.

Principal Place of Business

1500 MAIN ST
STE 1400
SPRINGFIELD MA 01111
US

Mailing Address

1500 MAIN STREET
STE 1400
SPRINGFIELD MA 01115
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/12/1994

3a. Date of Last Report

07/07/1995

4. FEI Number

04-3223145

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

STROUD, JOSEPH O JR.
1301 GULF LIFE DR., STE. 1500
JACKSONVILLE FL 32207

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 ☐ DELETE

NAME DCEO
WENDLANDT, GARY E
STREET ADDRESS 1295 STATE ST.
CITY-ST-ZIP SPRINGFIELD MA 01111

TITLE ☐ DELETE

NAME D
ALFANO, SUSAN A
STREET ADDRESS 1295 STATE ST.
CITY-ST-ZIP SPRINGFIELD MA 01111

TITLE ☐ DELETE

NAME D
BURKETT, LAWRENCE V JR.
STREET ADDRESS 1295 STATE ST.
CITY-ST-ZIP SPRINGFIELD MA 01111

TITLE ☐ DELETE

NAME D
FITZGERALD, DANIEL J
STREET ADDRESS 1295 STATE ST.
CITY-ST-ZIP SPRINGFIELD MA 01111

TITLE ☐ DELETE

NAME D
JERMYN, ISADORE
STREET ADDRESS 1295 STATE ST.
CITY-ST-ZIP SPRINGFIELD MA 01111

TITLE ☐ DELETE

NAME D
HARGREAVES, KENNETH L
STREET ADDRESS 1295 STATE ST.
CITY-ST-ZIP SPRINGFIELD MA 01111

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME John B. Davies
1.3 STREET ADDRESS 1295 State Street
1.4 CITY-ST-ZIP Springfield, MA 01111

2.1 TITLE P ☐ Change ☒ Addition

2.2 NAME Alan M. Connor
2.3 STREET ADDRESS 1500 Main Street, Suite 1400
2.4 CITY-ST-ZIP Springfield, MA 01115

3.1 TITLE S ☐ Change ☒ Addition

3.2 NAME Thomas J. Finnegan, Jr.
3.3 STREET ADDRESS 1295 State Street
3.4 CITY-ST-ZIP Springfield, MA 01111

4.1 TITLE Tr (Asst.) ☐ Change ☒ Addition

4.2 NAME Bruce C. Frisbie
4.3 STREET ADDRESS 1295 State Street
4.4 CITY-ST-ZIP Springfield, MA 01111

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas J. Finnegan, Jr.

04/23/96

Date

413/744-6052

Daytime Phone

CR2E034 (12/95)