

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90088 022 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # F94000002463**

1. Corporation Name

**CORNERSTONE REAL ESTATE ADVISERS, INC.**

Principal Place of Business

**ONE FINANCIAL PLAZA**  
**SUITE 1700**  
**HARTFORD CT 06103**  
**US**

Mailing Address

**C/O B040**  
**1295 STATE STREET**  
**SPRINGFIELD MA 01111**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/12/1994**

4. FEI Number

**04-3223145**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00 May Be**  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** Zip Country

**29** Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD.**  
**1406 HAYS STREET, SUITE #2**  
**TALLAHASSEE, FL 32301**

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
**D**  
**DAVIES, JOHN B.**  
**1295 STATE ST**  
**SPRINGFIELD MA**
TITLE ☐ DELETE
**P**  
**CONNOR ALAN M.**  
**1 FINANCIAL PLAZA STE 1700**  
**HARTFORD CT**
TITLE ☐ DELETE
**CS**  
**LOMELI, ANN F**  
**1295 STATE STREET**  
**SPRINGFIELD MA 01111**
TITLE ☐ DELETE
**D**  
**JERMYN, ISADORE**  
**1295 STATE ST.**  
**SPRINGFIELD MA 01111**
TITLE ☐ DELETE
**D**  
**HARGREAVES, KENNETH L**  
**1295 STATE ST.**  
**SPRINGFIELD MA 01111**
TITLE ☐ DELETE
**C**  
**WENDLANDT, GARY E**  
**1295 STATE STREET**  
**SPRINGFIELD MA 01111**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 Kelly Kinnon, Esq. Vice President

3-15-99

Date

(310) 557-0070

Daytime Phone #

F94000002463  
543626 90006 38

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Massachusetts submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: CORNERSTONE REAL ESTATE ADVISERS, INC.
2. The mailing address of the corporation is: 1295 State Street, Springfield, MA 01111
3. Date of incorporation/qualification: 5/12/94 Document number: F94000002463
4. The name and address of the current registered agent and office:

Joseph O. Stroud, Jr.

1301 Gulf Life Drive, Suite 1500

Jacksonville, FL 32207

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

National Corporate Research, Ltd., INC.

1406 Hays Street, Suite #2

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

Alan M. Connor, President

(Printed or typed name and title)

2/18/99

(Date)

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

Andrew P. Polizzi, Vice President

(Typed or Printed Name)

(Capacity)

FILED  
99 MAR -1 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA