

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000003069 (1)

1. Corporation Name

BEACON RESIDENTIAL MANAGEMENT CORPORATION



Principal Place of Business

Mailing Address

C/O THE BEACON COMPANIES
50 ROWES WHARF
BOSTON MA 02110

C/O THE BEACON COMPANIES
50 ROWES WHARF
BOSTON MA 02110

3. Date Incorporated or Qualified

06/13/1994

3a. Date of Last Report

03/23/1995

2. Principal Place of Business

2a. Mailing Address

21 C/O THE BEACON COMPANIES

26 C/O THE BEACON COMPANIES

4. FEI Number

52-1855813

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
SUITE 105
1201 HAYS STREET
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 | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|--------------------------|-----------------------|-----------------|---------------------------------|------|----------------|-------------|
| | PVD SIDMAN, EDWIN N | 50 ROWES WHARF | BOSTON MA 02110 | <input type="checkbox"/> DELETE | | | |
| | V STETSON, WILLIAM S | 50 ROWES WHARF | BOSTON MA 02110 | <input type="checkbox"/> DELETE | | | |
| | S LASDEN, DEVRA | 120 BEACONSFIELD ROAD | BROOKLINE MA | <input type="checkbox"/> DELETE | | | |
| | T RICHARD, KENNETH J. | 32 KENNEY ROAD | MEDFIELD MA | <input type="checkbox"/> DELETE | | | |
| | C LEVENTHAL, NORMAN B | 50 ROWES WHARF | BOSTON MA 02110 | <input type="checkbox"/> DELETE | | | |
| | V WATERS, E. C | 50 ROWES WHARF | BOSTON MA 02110 | <input type="checkbox"/> DELETE | | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE | 2. NAME | 3. STREET ADDRESS | 4. CITY-ST-ZIP | 5. TITLE | 6. NAME | 7. STREET ADDRESS | 8. CITY-ST-ZIP |
|-----------|---------------------|-------------------|------------------|--|---------|-------------------|----------------|
| PRESIDENT | COHEN, HOWARD E. | 2 OLIVER STREET | BOSTON, MA 02109 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| V | STETSON, WILLIAM S. | 2 OLIVER STREET | BOSTON, MA 02109 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| S | LASDEN, DEVRA | 50 ROWES WHARF | BOSTON, MA 02110 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| VT | RICHARD, KENNETH J. | 2 OLIVER STREET | BOSTON, MA 02109 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| C | SIDMAN, EDWIN N. | 50 ROWES WHARF | BOSTON, MA 02110 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |

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

2/12/96 (617) 574-1100

CR2E034 (12/95)