

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

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000003069 (1)**  
 1. Corporation Name  
**BEACON RESIDENTIAL MANAGEMENT CORPORATION**



Principal Place of Business <b>C/O THE BEACON COMPANIES                  2 OLIVER STREET                  BOSTON MA 02109                  US</b>	Mailing Address <b>C/O THE BEACON COMPANIES                  2 OLIVER STREET                  BOSTON MA 02109                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

3. Date Incorporated or Qualified <b>06/13/1994</b>	
4. FEI Number <b>52-1855813</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 SUITE 105  
 1201 HAYS STREET  
 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	85 Zip Code
	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIDMAN, EDWIN N</b>	1.2 NAME	
STREET ADDRESS	<b>2 OLIVER ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOSTON MA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STETSON, WILLIAM S</b>	2.2 NAME	
STREET ADDRESS	<b>2 OLIVER STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOSTON MA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LASDEN, DEVRA</b>	3.2 NAME	<b>Sheehan Kathleen</b>
STREET ADDRESS	<b>50 ROWES WHARF</b>	3.3 STREET ADDRESS	<b>Two Oliver Street</b>
CITY-ST-ZIP	<b>BROOKLINE MA</b>	3.4 CITY-ST-ZIP	<b>Boston, MA 02109</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHILLIPS, MICHAEL R</b>	4.2 NAME	
STREET ADDRESS	<b>2 OLIVER ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOSTON MA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIDMAN, EDWIN N</b>	5.2 NAME	
STREET ADDRESS	<b>2 OLIVER ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOSTON MA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATERS, E. C</b>	6.2 NAME	<b>Weston, Michael</b>
STREET ADDRESS	<b>2 OLIVER ST</b>	6.3 STREET ADDRESS	<b>Two Oliver Street</b>
CITY-ST-ZIP	<b>BOSTON MA</b>	6.4 CITY-ST-ZIP	<b>Boston, MA 02109</b>

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.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)