

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 # F94000006296 (7)

1. Corporation Name

ILM II PROPERTIES, INC.



Principal Place of Business

265 FRANKLIN ST.
BOSTON MA 02110

Mailing Address

265 FRANKLIN ST.
BOSTON MA 02110

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

3. Date Incorporated or Qualified

12/09/1994

3a. Date of Last Report

08/22/1995

4. FEI Number

13-3796757

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

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 or director, if applicable)

(Typed) Registered Agent Signature (typed or printed name)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PCFO

☐ DELETE

NAME

COHEN, LAWRENCE A.
1290 AVE OF THE AMERICAS
NEW YORK NY

STREET ADDRESS

CITY-STATE-ZIP

TITLE

DCFO

☐ DELETE

NAME

ARNOLD, WALTER V.

STREET ADDRESS

265 FRANKLIN ST.
BOSTON MA

CITY-STATE-ZIP

TITLE

SVP

☐ DELETE

NAME

SNYDER, JAMES A.
1290 AVE OF THE AMERICAS
NEW YORK NY

STREET ADDRESS

CITY-STATE-ZIP

TITLE

V

☒ DELETE

NAME

CORRIGAN, PAUL G.

STREET ADDRESS

265 FRANKLIN ST.
BOSTON MA 02110

CITY-STATE-ZIP

TITLE

S

☐ DELETE

NAME

HAUGHEY, DOROTHY
1285 AVENUE OF THE AMERICAS
NEW YORK NY 10019

STREET ADDRESS

CITY-STATE-ZIP

TITLE

S

☐ DELETE

NAME

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1285 AVENUE OF THE AMERICAS
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1285 AVENUE OF THE AMERICAS
NEW YORK NY 10019

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

PCFO

☒ Change

☐ Addition

2. NAME

Cohen, Lawrence A.
1290 Avenue of the Americas
New York, NY 10019

3. STREET ADDRESS

4. CITY-STATE-ZIP

2. TITLE

DSVPT CFO

☒ Change

☐ Addition

2. NAME

Arnold, Walter V.

3. STREET ADDRESS

265 Franklin Street

4. CITY-STATE-ZIP

Boston, MA 02110

3. TITLE

SVP

☒ Change

☐ Addition

3. NAME

Snyder, James A.

4. STREET ADDRESS

1290 Avenue of the Americas
New York, NY 10019

5. CITY-STATE-ZIP

New York, NY 10019

4. TITLE

V

☒ Change

☐ Addition

4. NAME

Carlson, C. David

5. STREET ADDRESS

265 Franklin Street

6. CITY-STATE-ZIP

Boston, MA 02110

5. TITLE

☐ Change

☐ Addition

5. NAME

6. STREET ADDRESS

7. CITY-STATE-ZIP

6. TITLE

AS

☐ Change

☒ Addition

6. NAME

Macdonald, Linda Z.

7. STREET ADDRESS

265 Franklin Street

8. CITY-STATE-ZIP

Boston, MA 02110

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:

Walter V. Arnold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96 617-439-8110

Date Daytime Phone #

CR2E034 (12/95)