

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000001405 (8)**

1. Corporation Name  
**REALTY FUND III GP, INC.**



Principal Place of Business: **C/O TA ASSOCIATES REALTY, 45 MILK ST., BOSTON MA 02109**  
Mailing Address: **C/O TA ASSOCIATES REALTY, 45 MILK ST., BOSTON MA 02109**

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

3. Date Incorporated or Qualified: **03/23/1995** 3a. Date of Last Report: \_\_\_\_\_  
4. FEI Number: **04-3235872** 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**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

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: **FL**

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 of Registered Agent (if registered agent is not the corporation)

Signature of Registered Agent (if registered agent is not the corporation)

DATE \_\_\_\_\_

**OFFICERS AND DIRECTORS**

TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>RUANE, MICHAEL A</b>	
STREET ADDRESS	<b>45 MILK ST.</b>	
CITY- ST- ZIP	<b>BOSTON MA 02109</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SEGEL, ARTHUR I</b>	
STREET ADDRESS	<b>45 MILK ST.</b>	
CITY- ST- ZIP	<b>BOSTON MA 02109</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>DEGAETA, ROBERT A</b>	
STREET ADDRESS	<b>45 MILK ST.</b>	
CITY- ST- ZIP	<b>BOSTON MA 02109</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>NEHER, ANDREW M</b>	
STREET ADDRESS	<b>45 MILK ST.</b>	
CITY- ST- ZIP	<b>BOSTON MA 02109</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY- ST- ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY- ST- ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY- ST- ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY- ST- ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 included in 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 changes or on an appointment with an address.

SIGNATURE: *Arthur I. Segel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96 (617) 338-4300  
DATE TIME PHONE NO.

CR2E034 (12/95)