NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500007625

1. Corporation Name

Aeneas Venture Corporation

Principal Place of Business Mailing Address c/o Harvard Management Company

600 Atlantic Avenue Boston, MA 02210

APPROVED AND MLED

00 FEB 10 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2. Principal P	lace of Business	2a. Mailing Address					Date Incorporated or Qualifed			
!		26					5/31/95			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					4. FEI Number	A	pplied For	
. !		27					23-7014581	N	ot Applicable	
City & Stat	e	City & State					5. Certifcate of Status Desired	•	Additional	
-!		28					5. Certificate of Status Desired	Fee R	equired	
Zip	Country	Zip	Cou	intry			6. Election Campaign Financing	\$5.00	May Be	
-!	25	29	30				Trust Fund Contribution	Added	to Fees	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
					Name					
CT Corporation System					82 Street Address (P.O. Box Number is Not Acceptable)					
1200 South Pine Island Road				or officer Address (1.0. Box Hamber is Not Neceptable)						
Plantation, FL 33324							***			
Tiancation, FL 33324				24	0'5			as Zin	Codo	
				84	City		FL	85 Zip	Code	
11 Pursuant	to the provisions of Sections 617,0502	and 617,1508, Florida Statut	es, the a	bove	-named o	corpor	ration submits this statement for the purpose of cl	nanging it	s registered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 657 0503 Filoridal Statutes:										
SIGNATURE	Signature, typed or printed name of registered agent a	SPECIAL ASS nd title if applicable. (NOTE	Registerer	Agent	signature re	quired w	when reinstating) DATE	1300		
12.	OFFICERS AND		13.		. Dignatar o tu	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	Président & Director	☐ DELETE	1.1 TI	ITLE				☐ Change		
NAME	Michael Eisenson		1.2 N	AME			4000031 365 -02/15/0001	334	5	
]					ADDRESS		-02/15/0001	120	002	
STREET ADDRESS	600 Atlantic Avenue			ITY-ST			*****61.25	****	61.25 🕠	
CITY-ST-Z <u>IP</u> TITLE	Roston, MA 02210	☐ DELETE	2.1 Ti		-217			☐ Change	Addition	
	Vice President	, , , , , , , , , , , , , , , , , , , 	2.2 N					_ ,	_	
NAME	Jack R. Meyer				1000000					
STREET ADDRESS	600 Atlantic Avenue				ADDRESS					
CITY-ST-ZIP	Boston, MA 02210	DELETE		ITY-ST	r-ZIP			Change	Addition	
TITLE	Acting Treasurer		3.1 Ti							
NAME	Stephen McSweeney		3.2 N							
STREET ADDRESS	600 Atlantic Avenue				ADDRESS					
CITY-ST-ZIP	Boston, MA 02210	□ DELETE	_	ITY-SI	T-ZIP			Change	Addition	
TITLE	Clerk	☐ DELETÉ	4.1 Ti					Change		
NAME	Tami E. Nason		4.21		J					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	600 Atlantic Avenue		_	ITY-ST	-ZIP				Addition	
TITLE	Boston, MA 02210	☐ DELETE	5.1 Ti					Change	Addition	
NAME	Director		5.2 N				n n	1		
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·				ADDRESS			//		
CITY-ST-ZIP	600 Atlantic Avenue			TY-ST-	-ZIP			4	□ A delica e	
TITLE	Boston, MA 02210	☐ DELETE	6.1 TI				///.	Change	☐ Addition	
NAME	Director		6.2 N				M N			
STREET ADDRESS	Tim R. Palmer				ADDRESS		1/0	\		
CITY-ST-ZIP	600 Atlantic Avenue,	Boston, MA 02		ITY-ST				__		
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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(617) 619-5470

Daytime Phone #