

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90054 010 ***158.75

DOCUMENT # F95000003085

1. Entity Name

ADVENT REAL ESTATE INVESTMENT TEXAS CORPORATION

Principal Place of Business

Mailing Address

**28 STATE STREET
10TH FLOOR
BOSTON MA 02109**

**28 STATE STREET
10TH FLOOR
BOSTON MA 02109**

2. Principal Place of Business

c/o TA Associates Realty

Suite, Apt. #, etc.

28 State St., 10th Floor

3. Mailing Address

c/o TA Associates Realty

Suite, Apt. #, etc.

28 State St., 10th Floor

City & State

Boston, MA

City & State

Boston, MA

Zip

02109

Country

Zip

02109

Country

4. FEI Number

04-3257254

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75**

Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
RUANE, MICHAEL A
28 STATE STREET, 10TH FLOOR
BOSTON MA 02109**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SEGEL, ARTHUR I
28 STATE STREET, 10TH FLOOR
BOSTON MA 02109**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
POSTERNAK, NOEL
28 STATE STREET, 10TH FLOOR
BOSTON MA 02109**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTS
NEHER, ANDREW M
28 STATE STREET, 10TH FLOOR
BOSTON MA 02109**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
WEISS, ERICA H
1200 19TH ST. N.W., STE. 400
WASHINGTON DC 20036**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1120 20th St., NW, Suite 800

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
ROSENTHAL, BARRY P
1200 19TH STREET N.W., SUITE 400
WASHINGTON DC 20036**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1120 20th St., NW, Suite 800

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

See Attachment A - Additional Officers

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Erica H. Weiss, Asst Secy, 01/26/01 202-778-6150

Date

Daytime Phone #

CR2E034 (10/00)