

**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**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**28 STATE STREET**  
**10TH FLOOR**  
**BOSTON MA 02109**

Mailing Address  
**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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>RUANE, MICHAEL A</b> <b>28 STATE STREET, 10TH FLOOR</b> <b>BOSTON MA 02109</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SEGEL, ARTHUR I</b> <b>28 STATE STREET, 10TH FLOOR</b> <b>BOSTON MA 02109</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POSTERNAK, NOEL</b> <b>28 STATE STREET, 10TH FLOOR</b> <b>BOSTON MA 02109</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTS</b> <b>NEHER, ANDREW M</b> <b>28 STATE STREET, 10TH FLOOR</b> <b>BOSTON MA 02109</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>WEISS, ERICA H</b> <b>1200 19TH ST. N.W., STE. 400</b> <b>WASHINGTON DC 20036</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>ROSENTHAL, BARRY P</b> <b>1200 19TH STREET N.W., SUITE 400</b> <b>WASHINGTON DC 20036</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1120 20th St., NW, Suite 800</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1120 20th St., NW, Suite 800</b>

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.

SIGNATURE: Erica H. Weiss **Erica H. Weiss, Asst Secy, 01/26/01 202-778-6150**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)