


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2006 8:00 am
Secretary of State

07-18-2006 90084 013 ***150.00

DOCUMENT # F96000005107		
1. Entity Name PT TIMBER, INC.		

Principal Place of Business 800 BOYLSTON STREET 15TH FLOOR BOSTON, MA 02100	Mailing Address PO BOX 990407 BOSTON, MA 02190
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40099688



2. Principal Place of Business 99 HIGH STREET Suite, Apt. #, etc. 26TH FLOOR City & State BOSTON, MA Zip 02110-2320 Country U.S.	3. Mailing Address 99 HIGH STREET Suite, Apt. #, etc. 26TH FLOOR City & State BOSTON, MA Zip 02110-2320 Country U.S.
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07072006 Chg-P CR2E034 (11/05)

4. FEI Number 04-3070429	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LORD, JOHN M JR 800 BOYLSTON ST - 15TH FLOOR BOSTON, MA 02199	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CIPID DANIEL P. CHRISTENSEN 99 HIGH ST. 1 26TH FLOOR BOSTON MA 02110-2320	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHANKLIN, GREGORY D 8 CAMPUS DRIVE PARSIPPANY, NJ 07065	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VITISID MICHAEL J. MORGAN 99 HIGH ST. 1 26TH FLOOR BOSTON MA 02110-2320	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SHEA, JAMES 213 WASHINGTON ST - 8TH FLOOR NEWARK, NJ 07102	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIAT SUSAN F. GILL 99 HIGH ST. 1 26TH FLOOR BOSTON MA 02110-2320	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FITTS, ROBERT 8 CAMPUS DRIVE PARSIPPANY, NJ 07054	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIAT COLEEN M. GREENWOOD 99 HIGH ST. 1 26TH FLOOR BOSTON MA 02110-2320	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAPLIN, C. EDWARD 751 BROAD STREET NEWARK, NJ 07102	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIAS THOMAS S. O'KEEFE 99 HIGH ST. 1 26TH FLOOR BOSTON, MA 02110-2320	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS BLUM, FREDERICK W 800 BOYLSTON ST - 15TH FL BOSTON, MA 02199	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael J. Morgan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/06
Date

Daytime Phone #