

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 20, 2007 8:00 am
Secretary of State

06-20-2007 90001 016 ***150.00

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1. Entity Name
PT TIMBER, INC.



Principal Place of Business

99 HIGH STREET
26TH FLOOR
BOSTON, MA 02110

Mailing Address

99 HIGH STREET
26TH FLOOR
BOSTON, MA 02110

DO NOT WRITE IN THIS SPACE

40121100



05242007 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3070429

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 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPD
CHRISTENSEN, DANIEL P
99 HIGH ST. 1 26TH FLOOR
BOSTON, MA 02110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
MORGAN, MICHAEL J
99 HIGH ST. 1, 26TH FLOOR
BOSTON, MA 02110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VAT
GILL, SUSAN F
99 HIGH ST. 1 26TH FLOOR
BOSTON, MA 02110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Susan F. Gill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 May 2007 617-747-1506
Date Daytime Phone #