

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

1062

011587

PROFIT CORPORATION  
 ANNUAL REPORT  
 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

98 SEP 14 AM 11:52

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # F97000004255 (2)

1. Corporation Name  
 TA REALTY CORP.



Principal Place of Business  
 45 MILK STREET  
 BOSTON MA 02109

Mailing Address  
 45 MILK STREET  
 BOSTON MA 02109

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 | 28 State Street  
 Suite, Apt. #, etc.  
 22 | 10th Floor  
 City & State  
 23 | Boston, Massachusetts  
 Zip Country  
 24 | 02109 US

2a. Mailing Address  
 26 | 28 State Street  
 Suite, Apt. #, etc.  
 27 | 10th Floor  
 City & State  
 28 | Boston, Massachusetts  
 Zip Country  
 29 | 02109 US

3. Date Incorporated or Qualified  
 08/13/1997  
 4. FEI Number  
 04-3101169 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No n/a

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 SO PINE ISLAND RD  
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name  
 Corporation Service Company  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 1201 Hays Street  
 83 City  
 Tallahassee FL 85 Zip Code  
 32301

11. Pursuant to the provisions of sections 607.0502 and 607.1508, 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 607.0506, Florida Statutes.

SIGNATURE *By Shella R. Hawkins, Pres. Secy.* DATE 9-11-98

Signature, typed or printed name of registered agent and title if applicable (NONE) Registered Agent signature required when reinstating

OFFICERS AND DIRECTORS

12. TITLE	CD	<input type="checkbox"/> DELETE
NAME	RUANE, MICHAEL	
STREET ADDRESS	45 MILK STREET	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SEGEL, ARTHUR I	
STREET ADDRESS	45 MILK STREET	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	NEHER, ANDREW M	
STREET ADDRESS	45 MILK STREET	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	STEWART, MARGARET A	
STREET ADDRESS	45 MILK STREET	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. 1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	c/o TA Associates Realty, 28 State Street
1.4 CITY-ST-ZIP	10th Floor, Boston, Massachusetts 02109
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Realty
2.3 STREET ADDRESS	c/o TA Associates, 28 State Street,
2.4 CITY-ST-ZIP	10th Floor, Boston, MA 02109
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	c/o TA Associates Realty, 28 State Street,
3.4 CITY-ST-ZIP	10th Floor, Boston, Massachusetts 02109
4.1 TITLE	A S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Erica H. Weiss
4.3 STREET ADDRESS	1200 19th Street, N.W., Suite 400
4.4 CITY-ST-ZIP	Washington, D.C. 20036
5.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Barry P. Rosenthal
5.3 STREET ADDRESS	1200 19th Street, N.W., Suite 400
5.4 CITY-ST-ZIP	Washington, D.C. 20036
6.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Karen L. Sakowich
6.3 STREET ADDRESS	c/o TA Associates Realty, 28 State Street,
6.4 CITY-ST-ZIP	10th Floor, Boston, Massachusetts 02109

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Karen L. Sakowich*

8/24/98 (617) 946-2700

CRS034 (5/98)

2062



ACCOUNT NO. : 072100000032  
REFERENCE : 959171 4355031  
AUTHORIZATION : Patricia Pijoto  
COST LIMIT : \$ 550.00

ORDER DATE : September 11, 1998  
ORDER TIME : 10:09 AM  
ORDER NO. : 959171-080  
CUSTOMER NO: 4355031

CUSTOMER: Debra J. Pruitt, Legal Asst  
Bingham Dana Llp  
1200 19th Street, N.w.  
Suite# 400  
Washington, DC 20036

RECEIVED  
98 SEP 14 AM 10:45  
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: TA REALTY CORP.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: CHRIS SMITH

EXAMINER'S INITIALS:

JP  
9-14-98