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Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90088 020 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000004783

1. Corporation Name
HARBORSIDE TOLEDO CORP.

Principal Place of Business
470 ATLANTIC AVE.
BOSTON MA 02210

Mailing Address
470 ATLANTIC AVE.
BOSTON MA 02210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1997

4. FEI Number

04-3274482

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 the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 One Beacon Street,
Suite, Apt. #, etc.

26 One Beacon Street
Suite, Apt. #, etc.

22 Suite 1100

27 Suite 1100

23 City & State
Boston, MA

28 City & State
Boston, MA

24 Zip Country
02108

29 Zip Country
02108

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

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

83

84 City

FL

85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME GUILLARD, STEPHEN
STREET ADDRESS 470 ATLANTIC AVE.
CITY-ST-ZIP BOSTON MA 02210

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS One Beacon Street, Suite 1100
1.4 CITY-ST-ZIP Boston, MA 02108

TITLE V ☐ DELETE
NAME BEARDSLEY, BRUCE
STREET ADDRESS 470 ATLANTIC AVE.
CITY-ST-ZIP BOSTON MA 02210

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS One Beacon Street, Suite 1100
2.4 CITY-ST-ZIP Boston, MA 02108

TITLE S ☒ DELETE
NAME SPELFOGEL, SCOTT D
STREET ADDRESS 470 ATLANTIC AVE.
CITY-ST-ZIP BOSTON MA 02210

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME S
3.3 STREET ADDRESS K. Scott Griggs
3.4 CITY-ST-ZIP One Beacon Street, Suite 1100
Boston, MA 02108

TITLE T ☐ DELETE
NAME STEPHAN, WILLIAM H
STREET ADDRESS 470 ATLANTIC AVE.
CITY-ST-ZIP BOSTON MA 02210

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS One Beacon Street, Suite 1100
4.4 CITY-ST-ZIP Boston, MA 02108

TITLE D ☒ DELETE
NAME KRUPP, DOUGLAS
STREET ADDRESS 470 ATLANTIC AVE.
CITY-ST-ZIP BOSTON MA 02210

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME D
5.3 STREET ADDRESS Stephen Guillard
5.4 CITY-ST-ZIP One Beacon Street, Suite 1100
Boston, MA 02108

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 7 1999

617-646-5400