FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F97000006591

1. Corporation Name

GATEHOUSE PROPERTIES, INC.

Principal Place	e of Business	Ma	ailing Address	 		I 18815AN 1510 (BIH) (BBH) BASH DOHS	BOIRE BOSIE BOIRE DIEDE BLE	(8 (818) ITAL KARI
313 CONGRESS		313	CONGRESS STREET					
BOSTON MA 02210 BOSTON MA 02210					THE THE SPACE			
							IN THIS SPACE	
						3. Date Incorporated or Qualifed		•
			A A Citizana A Adalan a a			12/12/1997 4. FEI Number		Applied For
 1	lace of Business	· —	Mailing Address			05-0432844		Not Applicable
21	Af ata	26	Suite, Apt. #, etc.			<u> </u>		Additional
Suite, Apt. :	#, etc.	<u></u>	Suite, Apr. #, etc.			5. Certifcate of Status Desired		Required
City & State	^	27	City & State			6. Election Campaign Financing		May Be
—¬ ´	u	28	Only a ontice			Trust Fund Contribution		to Fees
Zip	Country		Zip	Country		8. This corporation owes the currer	·	
 1	25	29	— F	30		Personal Property Tax.	Yes	□No
24	9. Name and Address of Curr		tered Agent	100		10. Name and Address of New Re	gistered Agent	
	•			81	Name			
CAN	APARI, DAVID J			-		Iress (P.O. Box Number is Not Acceptab		
STEARNS, WEAVER, MILLER, WESSLER			82	Street Add	iress (P.O. Box Number is Not Acceptab	ie)		
150 1	west flagler street suit	E 2200		83				-
MIAN	AI FL 33130					<u>·</u>		
				84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 60	07,1508, Florida Statut	es, the above	e-named corp	poration submits this statement for the pr	irpose of changing i	ts registered
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florid	la. Such change was a	uthorized by	the corporati	ion's board of directors. I hereby accept	the appointment as	registered
-	m ramiliar with, and accept the obli	gauons or,	Section 607,0000, File	ina Statutes	·-			
SIGNATURE	Signature, typed or printed name of registered a	gent and title i	f applicable. (NOTE	: Registered Ager	nt signature requir	ed when reinstating)	DATE	
12.	OFFICERS A			13		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	
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6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filipe 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 of 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 countration or the receiver of 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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

REQUIRED TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

617-345-9300

May 05, 1999 8:00 am Secretary of State

05-05-1999 90172 015 ***150.00