

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 08:00 AM
Secretary of State

DOCUMENT # F97000006591

1. Entity Name
GATEHOUSE PROPERTIES, INC.

Principal Place of Business 313 CONGRESS STREET C/O THE GATEHOUSE GROUP BOSTON MA 02210	Mailing Address 313 CONGRESS STREET C/O THE GATEHOUSE GROUP BOSTON MA 02210
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2. Principal Place of Business 120 FORBES BLVD.	3. Mailing Address 120 FORBES BLVD.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MANSFIELD MA	City & State MANSFIELD MA
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4. FEI Number 05-0432844	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 02048	Country US	Zip 02048	Country US
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CANAPARI DAVID J
 STEARNS, WEAVER, MILLER, WESSLER
 150 WEST FLAGLER STREET SUITE 2200
 MIAMI FL 33130

7. Name and Address of New Registered Agent

Name
 MCDONOUGH BRIAN J
 Street Address (P.O. Box Number is Not Acceptable)
 150 W. FLAGLER, SUITE 2200
 STEARNS WEAVER MILLER
 City MIAMI FL Zip Code 33130

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.

SIGNATURE **BRIAN J. MCDONOUGH** DATE **01/09/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELWOOD DIANE M 120 FORBES BLVD. MANSFIELD MA 02048 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CANEPARI DAVID J 120 FORBES BLVD. MANSFIELD MA 02048 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **David J. Canepari** PST Date **01/09/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)