


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000002344 1. Entity Name BERKELEY HOLDING COMPANY ASSOCIATES, INC.	
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Principal Place of Business 175 BERKELEY STREET MS:03 BOSTON, MA 02117	Mailing Address 175 BERKELEY STREET MS:03 BOSTON, MA 02117
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DO NOT WRITE IN THIS SPACE



02252004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3417737	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**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 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000082549 03/09/04-80036-009 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANSFIELD, CHRISTOPHER C 175 BERKELEY STREET BOSTON, MA 02117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCARTHY, JOHN M 175 BERKELEY STREET BOSTON, MA 02117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KALLANDER, KAREN 175 BERKELEY STREET BOSTON, MA 02117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OSTROW, GARY J 175 BERKELEY STREET BOSTON, MA 02117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEGG, DEXTER R 175 BERKELEY STREET BOSTON, MA 02117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGWELL, DENNIS J 175 BERKELEY STREET BOSTON, MA 02117

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Karen L. Kallander** **3/1/04** **(617) 574-5707**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #