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PROFIT CORPORATION ANNUAL REPORT

1999



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

DOCUMENT # F98000007139

TCHI INVESTORS, INC.

Princ	ipal	Place	of	Business	

Mailing Address

28 STATE ST. 37TH FL BOSTON MA 02109



28 STATE ST. 37TH FL BOSTON MA 02109 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/31/1998 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 04-3429782 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State Election Campaign Financing П Trust Fund Contribution Added to Fees 23 28 Country Country Zip This corporation owes the current year Intangible Zin \square No 30 Personal Property Tax. ☐ Yes 25 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 82 1201 HAYS STREET TALLAHASSEE FL 32301-2525 83 Zip Code 84 City

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 remains to the provisions of Sections of Lond and the composition of the provisions of Sections of Londa. Such as discussed the corporation's board of directors. I hereby accept the appointment as 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETE ☐ Change Addition CEOC 1.1 TITLE TITLE MCCARTHY, FREDERICK W 1.2 NAME 222 LAKEVIEW AVE, STE 160-268 1.3 STREET ADDRESS STREET ADDRES WEST PALM BEACH FL 33401 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 21 TITLE TITLE MOSELEY, FREDERICK S IV 2.2 NAME NAME 28 STATE ST, 37TH FL 2.3 STREET ADDRESS STREET ADDRESS **BOSTON MA 02109** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME MCLAUGHLIN, RICHARD F III NAME 28 STATE ST, 37TH FL 3.3 STREET ADDRESS STREET ADDRESS **BOSTON MA 02109** 3.4. CITY-ST-ZIP CITY-ST-ZIF ☐ Addition □ DELETE 4.1 TITLE TILE **CFOS** trevisani, robert m 4. 2 NAME NAME 28 STATE ST, 37TH FL 4.3 STREET ADDRESS STREET ADDRESS **BOSTON MA 02109** 4.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME SPADONI, CHARLES B 5.3 STREET ADDRESS 28 STATE ST, 37TH FL STREET ADDRESS 5.4 CITY-ST-ZIF **BOSTON MA 02109** CITY-ST-ZIP DELETE 6.1 TITLE ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CR2E034 (11/98)

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