

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 A
Secretary of State

DOCUMENT # F99000003451

1. Entity Name
HERITAGE PROPERTY INVESTMENT TRUST, INC.



Principal Place of Business
131 DARTMOUTH ST 6TH FLOOR
BOSTON, MA 02116

Mailing Address
131 DARTMOUTH ST 6TH FLOOR
BOSTON, MA 02116



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3474810

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11010001537028
05/09/06-80025-023 150.00

10. OFFICERS AND DIRECTORS

TITLE P/D
NAME PRENDERGAST, THOMAS C
STREET ADDRESS 131 DARTMOUTH STREET
CITY-ST-ZIP BOSTON, MA 02116

TITLE V/T
NAME GAW, DAVID
STREET ADDRESS 131 DARTMOUTH STREET
CITY-ST-ZIP BOSTON, MA 02116

TITLE D
NAME BARRY, J. LEO
STREET ADDRESS 24 CROSS STREET
CITY-ST-ZIP PLAINVILLE, MA 02762

TITLE D
NAME LAUGHTON, DAVID W
STREET ADDRESS 265 MAPLE STREET
CITY-ST-ZIP MANCHESTER, NH 03103

TITLE V
NAME O'SULLIVAN, PATRICK
STREET ADDRESS 131 DARTMOUTH STREET
CITY-ST-ZIP BOSTON, MA 02116

TITLE D
NAME VAUGHN, WILLIAM M III
STREET ADDRESS 1385 HANCOCK STREET
CITY-ST-ZIP QUINCY, MA 02169

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06
Date

617-247-2206
Daytime Phone #