2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M85819

Entity Name: TOWERMARC REALTY, INC

SPENCER, NICOLE

BOSTON, MA 02110

260 FRAKLIN ST., STE. 1840

Name:

Address:

City-St-Zip:

FILED Mar 30, 2004 Secretary of State

Entity Name: TOWERMARC REALTY, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
260 FRANKLIN STREET #1840 BOSTON, MA 02110			#2609	225 FRANKLIN STREET #2609 BOSTON, MA 02110		
Current Mailing Address:				New Mailing Address:		
260 FRAN SUITE 184 BOSTON,			SUITE 2	ANKLIN ST 2609 N, MA 02110		
FEI Number:	: 59-2901848	FEI Number Applied For ()	FEI Number Not A	applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
INTRASTA 701 BRICK MIAMI, FL	KELL AVE	RED AGENT CORP				
	named entity e of Florida.	submits this statement for the	purpose of changir	ng its registered	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
Election Car	npaign Financir	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VINTIADIS, PO	/ PLAZA, 2ND FLOOR	Title: Name: Address: City-St-Zi		() Change () Addition	
Title: Name: Address: City-St-Zip:	ROSS, D. SCO	I ST., SUITE 1840	Title: Name: Address: City-St-Zi	ROSS, D. SC 225 FRANKL	IN ST., SUITE 2609	
Title: Name: Address: City-St-Zip:	NOWAK, PETI	I ST., STE. 1840	Title: Name: Address: City-St-Zi	NOWAK, PET 225 FRANKL	.IN ST., STE. 2609	
Title:	T ()	() Delete	Title:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: D. SCOTT ROSS SVP 03/30/2004