

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91592 033 ***158.75

552176

DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000004287
1. Entity Name
 MWH CORPORATION #12

Principal Place of Business
 C/O LEND LEASE REAL ESTATE INVESTMENTS INC.
 3424 PEACHTREE RD., N.E., STE. 800
 ATLANTA, GA 30326

Mailing Address
 C/O LEND LEASE REAL ESTATE INVESTMENTS INC.
 3424 PEACHTREE RD., N.E., STE. 800
 ATLANTA, GA 30326

2. Principal Place of Business
 C/O TA ASSOCIATES REALTY
 Suite, Apt. #, etc.
 28 STATE STREET, 10TH FLOOR

3. Mailing Address
 C/O TA ASSOCIATES REALTY
 Suite, Apt. #, etc.
 28 STATE STREET, 10TH FLOOR

City & State
 BOSTON, MASSACHUSETTS

City & State
 BOSTON, MASSACHUSETTS

Zip 02109 **Country**

Zip 02109 **Country**

4. FEI Number
 58-2404598

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP, DECOSTA, LALER C 3424 PEACHTREE ST, SUITE 800 ATLANTA, GA 30326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS NEWMARK, DEBBIE J 3424 PEACHTREE ST, SUITE 800 ATLANTA, GA 30326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKEAN, THOMAS A 3424 PEACHTREE ST, SUITE 800 ATLANTA, GA 30326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARAG, JERROLD 3424 PEACHTREE ST, SUITE 800 ATLANTA, GA 30326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEGNAN, AMBER B 3424 PEACHTREE ST, SUITE 800 ATLANTA, GA 30326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERGERON, RENEE T 3424 PEACHTREE ST, SUITE 800 ATLANTA, GA 30326	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP MICHAEL A. RUANE C/O TA ASSOCIATES REALTY 28 STATE STREET, 10TH FLOOR BOSTON, MASSACHUSETTS 02109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS ANDREW M. NEHER C/O TA ASSOCIATES REALTY 28 STATE STREET, 10TH FLOOR BOSTON, MASSACHUSETTS 02109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KAREN SAKOWICH C/O TA ASSOCIATES REALTY 28 STATE STREET, 10TH FLOOR BOSTON, MASSACHUSETTS 02109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ERICA H. WEISS 1120 20TH STREET, N.W., SUITE 800 WASHINGTON, D.C. 20036	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BARRY P. ROSENTHAL 1120 20TH STREET, N.W., SUITE 800 WASHINGTON, D.C. 20036	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTHUR I. SEGEL C/O TA ASSOCIATES REALTY 28 STATE STREET, 10TH FLOOR BOSTON, MASSACHUSETTS 02109	<input checked="" 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: *Erica H. Weiss* Erica H. Weiss, Assistant Secretary 4/20/01 (202) 778-6150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)