

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90150 012 ****61.25

DOCUMENT # N9800005551

1. Entity Name

MWH #14 CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o TA Associates Realty

3. Mailing Address

c/o TA Associates Realty

Suite, Apt. #, etc.

28 State Street

Suite, Apt. #, etc.

28 State Street

City & State

Boston, MA

City & State

Boston, MA

Zip

02109

Country

USA

Zip

02109

Country

USA

4. FEI Number

58-2417788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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001000

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE D/C/P
NAME Michael A. Ruane
STREET ADDRESS 28 State Street, 10th Floor
CITY-ST-ZIP Boston, MA 02109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/V/T/S
NAME Andrew M. Neher
STREET ADDRESS 28 State Street
CITY-ST-ZIP Boston, MA 02109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/V
NAME Mark M. Harmeling
STREET ADDRESS 28 State Street
CITY-ST-ZIP Boston, MA 02109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS
NAME Karen L. Sakowich
STREET ADDRESS 28 State Street
CITY-ST-ZIP Boston, MA 02109

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IN THIS SPACE**

CR2E037B (12/01)

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen L. Sakowich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 617-476-2710