

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

2007 JUN 15 PM 3:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N98000005551

1. Entity Name
MWH #14 CORPORATION



Principal Place of Business
C/O TA ASSOCIATES REALTY
28 STATE STREET
BOSTON, MA 02109

Mailing Address
C/O TA ASSOCIATES REALTY
28 STATE STREET
BOSTON, MA 02109



05242007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2417788	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**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

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP RUANE, MICHAEL A 28 STATE STREET, 10TH FLOOR BOSTON, MA 02109
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS EGAN, RICHARD G JR. 28 STATE STREET 10TH FL BOSTON, MA 02109
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 617, 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: Michael Ruane Michael Ruane 5/24/07 617 476 2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

M. Williams JUN - 5 2007



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 931208 4304937

AUTHORIZATION :

COST LIMIT : \$ 61.25

ORDER DATE : June 4, 2007

ORDER TIME : 4:43 PM

ORDER NO. : 931208-090

CUSTOMER NO: 4304937

ANNUAL REPORT FILING

NAME: MWH #14 CORPORATION

RECEIVED
07 JUN -5 PM 12:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____