

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90057 014 \*\*\*150.00

DOCUMENT # P04221

1. Corporation Name

TWO WINTHROP PROPERTIES, INC.

Principal Place of Business

C/O FIRST WINTHROP CORPORATION  
5 CAMBRIDGE CENTER 9TH FLOOR  
CAMBRIDGE MA 02142  
US

Mailing Address

C/O FIRST WINTHROP CORPORATION  
FIVE CAMBRIDGE CENTER, 9TH FLOOR  
CAMBRIDGE MA 02142  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1984

4. FEI Number

04-2782020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDCE	<input checked="" type="checkbox"/> DELETE
NAME	MCCREADY, RICHARD J.	
STREET ADDRESS	5 CAMBRIDGE CENTER, 9TH FLOOR	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE	DCEO	<input type="checkbox"/> DELETE
NAME	ASHNER, MICHAEL	
STREET ADDRESS	5 CAMBRIDGE CENTER, 9TH FLOOR	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	BRAVERMAN, PETER	
STREET ADDRESS	5 CAMBRIDGE CENTER, 9TH FLOOR	
CITY-ST-ZIP	CAMBRIDGE MA 02145	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, ED	
STREET ADDRESS	5 CAMBRIDGE CENTER, 9TH FLOOR	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	TIFFANY, CAROLYN	
STREET ADDRESS	5 CAMBRIDGE CENTER, 9TH FLOOR	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	STAPLES, TOMM	
STREET ADDRESS	5 CAMBRIDGE CENTER, 9TH FLOOR	
CITY-ST-ZIP	CAMBRIDGE MA 02142	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

CR2E034 (11/98)

247687-90057-14  
P04221

TWO WINTHROP PROPERTIES, INC.

OFFICERS:

CHIEF EXECUTIVE OFFICER/PRESIDENT  
EXECUTIVE VICE PRESIDENT/ASSISTANT SECRETARY  
CHIEF FINANCIAL OFFICER/VICE PRESIDENT/TREASURER  
CHIEF OPERATING OFFICER/EXECUTIVE VICE PRESIDENT/  
SECRETARY  
SENIOR VICE PRESIDENT/ASSISTANT SECRETARY  
SENIOR VICE PRESIDENT/ASSISTANT SECRETARY  
VICE PRESIDENT/ASSISTANT SECRETARY  
ASSISTANT SECRETARY  
ASSISTANT SECRETARY  
ASSISTANT SECRETARY  
ASSISTANT VICE PRESIDENT/TREASURER  
ASSISTANT VICE PRESIDENT  
ASSISTANT VICE PRESIDENT

MICHAEL ASHNER  
PETER BRAVERMAN  
TOM STAPLES

CAROLYN TIFFANY  
LARA SWEENEY JOHNSON  
STEPHEN BONIFIELD  
JOHN D. ALBA  
DAYNA DEMARCO  
AMY GRUCAN  
ALLISON FORRESTER  
JOHN GARILLI  
HOLLY LOOSE  
DAVID BULLOCK

\*\* All officers have an address c/o

FIRST WINTHROP CORPORATION  
FIVE CAMBRIDGE CENTER  
9TH FLOOR  
CAMBRIDGE, MA 02142

VICE PRESIDENT – RESIDENTIAL

PAT FOYE  
10 MAPLE STREET  
PORT WASHINGTON, NY 11050

DIRECTORS:

MICHAEL L. ASHNER  
c/o FIRST WINTHROP CORPORATION  
FIVE CAMBRIDGE CENTER  
9TH FLOOR  
CAMBRIDGE, MA 02142

PETER BRAVERMAN  
c/o FIRST WINTHROP CORPORATION  
FIVE CAMBRIDGE CENTER  
9TH FLOOR  
CAMBRIDGE, MA 02142

PAT FOYE  
10 MAPLE STREET  
PORT WASHINGTON, NY 11050