

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 90999 043 ***150.00

DOCUMENT # P04221

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **04-2782020**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DCEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHNER, MICHAEL	NAME	
STREET ADDRESS	5 CAMBRIDGE CENTER, 9TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA 02142	CITY-ST-ZIP	
TITLE	DSVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAVERMAN, PETER	NAME	
STREET ADDRESS	5 CAMBRIDGE CENTER, 9TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA 02145	CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIFFANY, CAROLYN	NAME	
STREET ADDRESS	5 CAMBRIDGE CENTER, 9TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA 02142	CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAPLES, TOMM	NAME	
STREET ADDRESS	5 CAMBRIDGE CENTER, 9TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA 02142	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORRESTER, ALLISON	NAME	
STREET ADDRESS	5 CAMBRIDGE CENTER 9TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA 02142	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)