

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

05/2003 AT

DOCUMENT # P04221

1. Entity Name
TWO WINTHROP PROPERTIES, INC.

02-27-2002 90016 045 ***150.00

Principal Place of Business	Mailing Address
C/O FIRST WINTHROP CORPORATION 5 CAMBRIDGE CENTER 9TH FLOOR CAMBRIDGE MA 02142 US	C/O FIRST WINTHROP CORPORATION FIVE CAMBRIDGE CENTER. 9TH FLOOR CAMBRIDGE MA 02142 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7 Bulfinch Place, Suite 500 PO Box 9507 Boston, MA 02114-9507	7 Bulfinch Place, Suite 500 PO Box 9507 Boston, MA 02114-9507

4. FEI Number 04-2782020	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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 _____ (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, 2002 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	DCEO ASHNER, MICHAEL 5 CAMBRIDGE CENTER, 9TH FLOOR CAMBRIDGE MA 02142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP BRAVERMAN, PETER 5 CAMBRIDGE CENTER, 9TH FLOOR CAMBRIDGE MA 02145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS TIFFANY, CAROLYN 5 CAMBRIDGE CENTER, 9TH FLOOR CAMBRIDGE MA 02142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR STAPLES, TOMM 5 CAMBRIDGE CENTER, 9TH FLOOR CAMBRIDGE MA 02142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FORRESTER, ALLISON 5 CAMBRIDGE CENTER 9TH FLOOR CAMBRIDGE MA 02142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	7 Bulfinch Place, Suite 500 PO Box 9507 Boston, MA 02114-9507	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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 an other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/02 **516 822 0022**

CR2E034 (9/01)