

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

1 of 3

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P04503 (9)**  
1. Corporation Name  
**WINTHROP AGRICULTURAL MANAGEMENT II, INC.**



Principal Place of Business: **ONE INTERNATIONAL PLACE BOSTON MA 02110**  
Mailing Address: **ONE INTERNATIONAL PLACE 12TH FLOOR BOSTON MA 02110 US**

3. Date Incorporated or Qualified: **12/27/1984**      3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **04-2846400**      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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

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

INSTR. Registered Agent signature required when registering

DATE

**12. OFFICERS AND DIRECTORS**

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

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HALLERAN, ARTHUR J., JR.</b>	
STREET ADDRESS	<b>49 MILES RIVER ROAD</b>	
CITY-ST-ZIP	<b>HAMILTON MA</b>	
TITLE	<b>TVP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WEXLER, JONATHAN W.</b>	
STREET ADDRESS	<b>21 PRINCE ST</b>	
CITY-ST-ZIP	<b>BEVERLY MA</b>	
TITLE	<b>SVP</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCREADY, RICHARD J.</b>	
STREET ADDRESS	<b>12 VALENTINE ST</b>	
CITY-ST-ZIP	<b>WEST NEWTON MA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" 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 checked="" type="checkbox"/> Addition
4.2 NAME	<i>see attached</i>
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	

300001780293  
04/15/96 01058-018  
\*\*\*200.00

*DEB*  
4-14-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Richard J. McCreedy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Richard J. McCreedy** President

67-330-8600  
DATE FILED #

CR2E034 (12/95)



Effective : 08/24/1995  
Primary : 220 Newbury Street, #5  
Address : Boston, MA 02116

Peter A. Braverman Senior Vice President

Effective : 01/15/1996  
Primary : 333 West End Avenue, Apt. 1A  
Address : New York, NY 10023

Stephen Bonifield Vice President

Effective : 01/15/1996  
Primary : 2015 Brockton Close  
Address : Marietta, GA 30068

Bruce J. Goldin Vice President

Effective : 01/15/1996  
Primary : 68 Warren Street  
Address : Needham, MA 02192

Carol J.C. Mills Vice President

Effective : 01/15/1996  
Primary : 16 Elm Street  
Address : Wellesley, MA 02181

Nat Ruccolo Vice President

Effective : 01/15/1996  
Primary : 5 Pocahontas Way  
Address : Lynnfield, MA 01940

Thomas C. Staples Vice President

Effective : 01/15/1996  
Primary : 975 Summer Street  
Address : Stoughton, MA 02072

Carolyn B. Tiffany Vice President

Effective : 01/15/1996  
Primary : 6 Bunker Hill Ct.  
Address : Charlestown, MA 02129

Alfred C. Trivilino Vice President

Effective : 01/15/1996  
Primary : 220 Newbury Street, #7  
Address : Boston, MA 02116

Dayna A. DeMarco Assistant Clerk

Effective : 01/15/1996  
Primary : 9 Rutledge Street  
Address : West Roxbury, MA 02132

Amy R. Johnson Assistant Clerk

Effective : 01/15/1996  
Primary : 45 Murray Road  
Address : Newton, MA 02165