

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

**FILED**

**Feb 09 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

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



DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| Principal Place of Business<br><b>ONE INTERNATIONAL PLACE<br/>BOSTON MA 02110</b> | Mailing Address<br><b>ONE INTERNATIONL PLACE<br/>12TH FLOOR<br/>BOSTON MA 02110<br/>US</b> |
|---|--|

3. Date Incorporated or Qualified  
**12/27/1984**

|  |  |
|--|--|
| 2. Principal Place of Business<br>21 <b>c/o First Winthrop Corp.</b> | 2a. Mailing Address<br>26 <b>Same as Principal</b> |
|--|--|

4. FEI Number  
**04-2846400**

|                |
|----------------|
| Applied For    |
| Not Applicable |

|   |                           |
|---|---------------------------|
| Suite, Apt. #, etc.<br>22 <b>Five Cambridge Center 9th Fl</b> | Suite, Apt. #, etc.<br>27 |
|---|---------------------------|

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

|   |                    |
|---|--------------------|
| City & State<br>23 <b>Cambridge, MA</b> | City & State<br>28 |
|---|--------------------|

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

|                        |                         |           |               |
|------------------------|-------------------------|-----------|---------------|
| Zip<br>24 <b>02142</b> | Country<br>25 <b>US</b> | Zip<br>29 | Country<br>30 |
|------------------------|-------------------------|-----------|---------------|

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  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   |
| 85 <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <b>P</b>                        | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MCCREADY, RICHARD J</b>      | 1.2 NAME  | <b>See Attached Sheet</b>   |
| STREET ADDRESS             | <b>12 VALENTINE ST</b>          | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>WEST NEWTON MA</b>           | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 2.2 NAME  |   |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 3.2 NAME  |   |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 4.2 NAME  |   |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 5.2 NAME  |   |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 6.2 NAME  |   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 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. **Peter Braverman**

SIGNATURE: \_\_\_\_\_ Sr. Vice President (516) 681-3636

CR2E034 (10/97)

WINTHROP AGRICULTURAL MANAGEMENT II, INC.

OFFICERS:

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

MICHAEL ASHNER  
RICHARD J. MCCREADY  
PETER BRAVERMAN  
ED WILLIAMS  
CAROLYN TIFFANY  
LARA SWEENEY  
STEPHEN BONIFIELD  
TOM STAPLES

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

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

DIRECTORS:

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