

2002 UNIFORM BUSINESS REPORT (UBR)

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

0571876 AT

DOCUMENT # P04504

1. Entity Name
WINTHROP ENERGY MANAGEMENT, INC.

02-27-2002 90016 039 ***150.00

Principal Place of Business C/O FIRST WINTHROP CORP. FIVE CAMBRIDGE CENTER, 9TH FLOOR CAMBRIDGE MA 02142 US	Mailing Address C/O FIRST WINTHROP CORP. FIVE CAMBRIDGE CENTER, 9TH FLOOR CAMBRIDGE MA 02142 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7 Bulfinch Place Suite, Apt. #, etc. 500 P.O. Box 9507 City & State Boston, MA Zip 02114-9507 Country USA	3. Mailing Address 7 Bulfinch Place Suite, Apt. #, etc. 500 P.O. Box 9507 City & State Boston, MA Zip 02114-9507 Country USA
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4. FEI Number 04-2816041	Applied For <input type="checkbox"/> Not Applicable
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FORRESTER, ALLISON 5 CAMBRIDGE CTR., 9TH FLR. CAMBRIDGE MA 02142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael Ashner	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec Vice President Peter Braverman	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

SIGNATURE: Allison Forrester ASst Secretary 2/13/02 822 0022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)