

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 16 PM 2:15

DOCUMENT # P24629

Name
MCGREGOR POINTE PROPERTIES, INC.

Place of Business
CORPORATION TRUST COMPANY
ORANGE STREET
WILMINGTON DE 19801

Mailing Address
CORPORATION TRUST COMPANY
1209 ORANGE STREET
WILMINGTON DE 19801

DO NOT WRITE IN THIS SPACE

Principal Place of Business
600 Atlantic Avenue
Suite, Apt. #, etc.
Boston, MA
City & State
02210-2214 USA
Zip Country

2a. Mailing Address
600 Atlantic Avenue
Suite, Apt. #, etc.
Boston, MA
City & State
02210-2214 USA
Zip Country

3. Date Incorporated or Qualified
06/07/1989
4. FEI Number
04-3060195
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
7. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 4000003264274-2
-05/23/00--01121--003
84 City
85 Zip code
FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
PD MARINELLA, SABINO 1209 ORANGE STREET WILMINGTON DE <input type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME MARINELLA, SABINO 1.3 STREET ADDRESS 600 ATLANTIC AVENUE 1.4 CITY-ST-ZIP BOSTON, MA 02210-2210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SD BENNING, JOHN A. 1209 ORANGE STREET WILMINGTON DE <input type="checkbox"/> DELETE	2.1 TITLE TD 2.2 NAME BENNING, JOHN A. 2.3 STREET ADDRESS 600 ATLANTIC AVENUE 2.4 CITY-ST-ZIP BOSTON, MA 02210-2214 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T LACOEY, KAREN 1209 ORANGE STREET WILMINGTON DE <input checked="" type="checkbox"/> DELETE	3.1 TITLE D 3.2 NAME J. PAUL CONDRIEN III 3.3 STREET ADDRESS 175 BERKELEY STREET 3.4 CITY-ST-ZIP BOSTON, MA 02117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD MCCARTHY, JOHN 1209 ORANGE STREET WILMINGTON DE <input type="checkbox"/> DELETE	4.1 TITLE VD 4.2 NAME MCCARTHY, JOHN M. 4.3 STREET ADDRESS 600 ATLANTIC AVENUE 4.4 CITY-ST-ZIP BOSTON, MA 02210-2214 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD MOCERI, ANTHONY 1209 ORANGE STREET WILMINGTON DE <input type="checkbox"/> DELETE	5.1 TITLE VD 5.2 NAME MOCERI, ANTHONY R. 5.3 STREET ADDRESS 17260 HARBOUR POINTE DRIVE 5.4 CITY-ST-ZIP FORT MYERS, FLORIDA 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S GILVAR, BARRY 1209 ORANGE STREET WILMINGTON DE <input type="checkbox"/> DELETE	6.1 TITLE S 6.2 NAME GILVAR, BARRY S. 6.3 STREET ADDRESS 175 BERKELEY STREET 6.4 CITY-ST-ZIP BOSTON, MA 02117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

617-371-2330

Date

Daytime Phone #