

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 10, 2000 8:00 am**
Secretary of State

02-10-2000 90056 004 ***150.00

DOCUMENT # P25771

1. Entity Name

FIRST WINTHROP PROPERTIES, INC.

Principal Place of Business

Mailing Address

FIRST WINTHROP CORP.
CAMBRIDGE CENTER 9TH FLOOR
CAMBRIDGE MA 02142**C/O FIRST WINTHROP CORP.**
FIVE CAMBRIDGE CENTER 9TH FLOOR
CAMBRIDGE MA 02142-1493
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-2880002

Applied For

Not Applicable

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

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

(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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	Change	Addition
AS	FORRESTER, ALLISON	5 CAMBRIDGE CENTER, 9TH FLOOR	CAMBRIDGE MA 02142	<input type="checkbox"/>	<input type="checkbox"/>
DCEO	ASHNER, MICHAEL	5 CAMBRIDGE CENTER, 9TH FLOOR	CANBRIDGE MA 02142	<input type="checkbox"/>	<input type="checkbox"/>
SVPD	BRAVERMAN, PETER	5 CAMBRIDGE CENTER, 9TH FLOOR	CAMBRIDGE MA 02142	<input type="checkbox"/>	<input type="checkbox"/>
VPS	TIFFANY, CAROLYN	5 CAMBRIDGE CENTER, 9TH FLOOR	CAMBRIDGE MA 02142	<input type="checkbox"/>	<input type="checkbox"/>
TR	STAPLES, TOM	5 CAMBRIDGE CANTER, 9TH FLOOR	CAMBRIDGE MA 02412	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)