

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P30543** (3)
1. Corporation Name
BERKSHIRE MORTGAGE FINANCE CORPORATION

Principal Place of Business
**470 ATLANTIC AVENUE
BOSTON MA 02210**

Mailing Address
**470 ATLANTIC AVENUE
BOSTON MA 02210**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/09/1990	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 04-2985682		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Zip Code FL	

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MARSHALL, DAVID	1.2 NAME	PETER DONOVAN
STREET ADDRESS	17 HIGHROCK ROAD	1.3 STREET ADDRESS	265 FAR REACH ROAD
CITY-ST-ZIP	WAYLAND MA	1.4 CITY-ST-ZIP	WESTWOOD MA 02090
TITLE	V	2.1 TITLE	
NAME	HALPERN, RONALD	2.2 NAME	
STREET ADDRESS	52 JUNIPER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER MA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S
NAME	SPELFOGER, SCOTT D	3.2 NAME	Spelfogel, Scott D.
STREET ADDRESS	8 GRASMERE ROAD	3.3 STREET ADDRESS	27 Sentry Hill Road
CITY-ST-ZIP	NEEDHAM MA	3.4 CITY-ST-ZIP	Sharon, MA 02067
TITLE	AT	4.1 TITLE	
NAME	UMANZIO, CLAIRE	4.2 NAME	
STREET ADDRESS	44 CONCORD AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	KRUPP, DOUGLAS	5.2 NAME	
STREET ADDRESS	33 WACHUSETT ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY MA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	KRUPP, GEORGE	6.2 NAME	
STREET ADDRESS	7 WOODCHESTER DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEWTON MA	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.

SIGNATURE:

Claire F. Umanzio
Asst. Treas.

FEB 20 1998

617-423-2233

CR2E034 (10/97)