

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90938 041 \*\*\*150.00

**DOCUMENT # P30543**

1. Entity Name

**BERKSHIRE MORTGAGE FINANCE CORPORATION**

Principal Place of Business

**ONE BEACON STREET, STE. 1500  
TAX DEPT.  
BOSTON MA 02108**

Mailing Address

**ONE BEACON STREET, STE. 1500  
TAX DEPT.  
BOSTON MA 02108**

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 **04-2985682**

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, 2001 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 **P** ☐ Delete  
NAME **HALPERN, RONALD**  
STREET ADDRESS **52 JUNIPER ROAD**  
CITY-ST-ZIP **ANDOVER MA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **DONAHUE, PAUL**  
STREET ADDRESS **ONE BEACON STREET, STE. 1500**  
CITY-ST-ZIP **BOSTON MA 02108**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **SPELFOGER, SCOTT D**  
STREET ADDRESS **27 SENTRY HILL RD**  
CITY-ST-ZIP **SHARON MA 02067**

TITLE **S** ☒ Change ☐ Addition  
NAME **SPELFOGEL, SCOTT D**  
STREET ADDRESS  
CITY-ST-ZIP **(NAME CORRECTION)**

TITLE **AT** ☐ Delete  
NAME **UMANZIO, CLAIRE**  
STREET ADDRESS **44 CONCORD AVENUE**  
CITY-ST-ZIP **CAMBRIDGE MA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **KRUPP, DOUGLAS**  
STREET ADDRESS **33 WACHUSETT ROAD**  
CITY-ST-ZIP **WELLESLEY MA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **KRUPP, GEORGE**  
STREET ADDRESS **7 WOODCHESTER DRIVE**  
CITY-ST-ZIP **NEWTON MA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: 

Asst. Treas.

**APR 27 2001**

617-523-7722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)