

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALPERN, RONALD 52 JUNIPER ROAD ANDOVER, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DONAHUE, PAUL ONE BEACON STREET, STE. 1500 BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPELFOGEL, SCOTT D 27 SENTRY HILL RD SHARON, MA 02067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT UMANZIO, CLAIRE 44 CONCORD AVENUE CAMBRIDGE, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUPP, DOUGLAS 33 WACHUSETT ROAD WELLESLEY, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUPP, GEORGE 7 WOODCHESTER DRIVE NEWTON, MA

U00000016259
01/28/04-80049-003 150.00

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IN THIS SPACE**

12. 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 10 or Block 11 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

**Claire F. Umanzio
Asst. Treasurer**

1 2 8 2004

Date

617-523-7722

Daytime Phone #