

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0613797 AT

DOCUMENT # P30543

1. Entity Name
BERKSHIRE MORTGAGE FINANCE CORPORATION



FILED

03 JAN 23 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

☐ CHECK HERE IF MAKING CHANGES

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

200010422642
01/22/03--01075--002 **150.00
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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

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

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

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

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 21 2003

617-523-7722

Date

Daytime Phone #

CR2E034 (10/02)