

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90019 007 ***150.00

0572025 AT

DOCUMENT # P31750

1. Entity Name

WINTHROP NORTHEAST PROPERTIES, INC.

Principal Place of Business

Mailing Address

% FIRST-WINTHROP CORP.
FIVE CAMBRIDGE CENTER, 9TH FLOOR
CAMBRIDGE MA 02142
US

% FIRST WINTHROP CORP.
FIVE CAMBRIDGE CENTER, 9TH FLOOR
CAMBRIDGE MA 02142
US

2. Principal Place of Business

3. Mailing Address

7 Bulfinch Place, Suite 500
 PO Box 9507
 Boston, MA 02114-9507

7 Bulfinch Place, Suite 500
 PO Box 9507
 Boston, MA 02114-9507



DO NOT WRITE IN THIS SPACE

4. FEI Number

04-2732151

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, 2002 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.

DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
CEOP
ASHNER, MICHAEL
5 CAMBRIDGE CENTER, 9TH FLOOR
CAMBRIDGE MA 02142 ☐ Delete

TITLE
 NAME
 STREET ADDR
 CITY-ST-ZIP
7 Bulfinch Place, Suite 500
PO Box 9507
Boston, MA 02114-9507

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SVPC
BRAVERMAN, PETER
5 CAMBRIDGE CENTER, 9TH FLOOR
CAMBRIDGE MA 02142 ☐ Delete

TITLE
 NAME
 STREET ADDR
 CITY-ST-ZIP
7 Bulfinch Place, Suite 500
PO Box 9507
Boston, MA 02114-9507

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VPAC
SWEENEY JOHNSON, LARA
5 CAMBRIDGE CENTER, 9TH FLOOR
CAMBRIDGE MA 02142 ☐ Delete

TITLE
 NAME
 STREET ADDR
 CITY-ST-ZIP
7 Bulfinch Place, Suite 500
PO Box 9507
Boston, MA 02114-9507

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
AS
FORRESTER, ALLISON
5 CAMBRIDGE CENTER, 9TH FLOOR
CAMBRIDGE MA 02142 ☐ Delete

TITLE
 NAME
 STREET ADDR
 CITY-ST-ZIP
7 Bulfinch Place, Suite 500
PO Box 9507
Boston, MA 02114-9507

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TC
STAPLES, TOM
5 CAMBRIDGE CENTER, 9TH FLOOR
CAMBRIDGE MA 02142 ☐ Delete

TITLE
 NAME
 STREET ADDR
 CITY-ST-ZIP
7 Bulfinch Place, Suite 500
PO Box 9507
Boston, MA 02114-9507

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

2/13/02 516 822 0022

CR2E034 (9/01)