

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murrain
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P33522** (4)

1. Corporation Name
LRE PROPERTIES, INC.



Principal Place of Business: **ONE FINANCIAL CENTER, 23RD FLOOR BOSTON MA 02111-2621**
Mailing Address: **ONE FINANCIAL CENTER, 23RD FLOOR BOSTON MA 02111-2621**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **04/10/1991**
3a. Date of Last Report: **02/20/1995**
4. FLE Number: **04-3101915**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83 City, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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. Said change will and only if, the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0602, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	TIETBOHL, PATRICIA A.	
STREET ADDRESS	ONE FINANCIAL CENTER FL 23	
CITY-ST-ZIP	BOSTON MA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WINKELLER, MARK J.	
STREET ADDRESS	ONE FINANCIAL CENTER FL 23	
CITY-ST-ZIP	BOSTON MA	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NOONAN, ROBERT G.	
STREET ADDRESS	ONE FINANCIAL CENTER FL 23	
CITY-ST-ZIP	BOSTON MA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BASLER, DIANE L.	
STREET ADDRESS	ONE FINANCIAL CENTER, FL 23	
CITY-ST-ZIP	BOSTON MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME	
32 STREET ADDRESS	
33 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

VD Benning, John A. 600 Atlantic Ave, FL 24 Boston, MA

14. I do hereby certify that the information supplied with this filing is voluntary, true and correct, and that I am an officer or director of the corporation, or the recorder 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 addendum.

SIGNATURE: **Patricia A. Tietbohl** 617-722-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)