

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

AMENDED CORPORATE REPORT

FILED

96 NOV 26 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



AMENDED PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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 13 Riverside Road, Suite, Apt. #, etc.

2a. Mailing Address: 26 13 Riverside Road, Suite, Apt. #, etc.

22 City & State: 23 Weston, MA

27 City & State: 28 Weston, MA

24 Zip: 25 02193, 29 02193, 30 Country: 26 USA, 30 USA

3. Date Incorporated or Qualified: 04/10/1991

3a. Date of Last Report: 02/20/1995

4. FEI Number: 04-3101915

5. Certificate of Status Desired: 2 \$8.75 Additional Fee Required

6. Election Under 607.032: \$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 (P.O. Box Number is Not Acceptable), 83 600002018456--S, 84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE: VTD NAME: TIETBOHL, PATRICIA A. STREET ADDRESS: ONE FINANCIAL CENTER FL 23 CITY-ST-ZIP: BOSTON MA	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: Treasurer 1.2 NAME: Karen K. Lacey 1.3 STREET ADDRESS: 13 Riverside Road 1.4 CITY-ST-ZIP: Weston, MA 02193	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: WINKLER, MARK J. STREET ADDRESS: ONE FINANCIAL CENTER FL 23 CITY-ST-ZIP: BOSTON MA	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: President/Director 2.2 NAME: Sabino Marinella 2.3 STREET ADDRESS: 600 Atlantic Avenue 2.4 CITY-ST-ZIP: Boston, MA 02210-2214	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: NOOMAN, ROBERT G. STREET ADDRESS: ONE FINANCIAL CENTER FL 23 CITY-ST-ZIP: BOSTON MA	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: Senior VP/Director 3.2 NAME: John M. McCarthy 3.3 STREET ADDRESS: 13 Riverside Road 3.4 CITY-ST-ZIP: Weston, MA 02193	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: C NAME: BASLER, DIANE L. STREET ADDRESS: ONE FINANCIAL CENTER, FL 23 CITY-ST-ZIP: BOSTON MA	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: Clerk/Director 4.2 NAME: John A. Benning 4.3 STREET ADDRESS: 600 Atlantic Avenue 4.4 CITY-ST-ZIP: Boston, MA 02210-2214	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: VP 5.2 NAME: Benning, John A. 5.3 STREET ADDRESS: 600 Atlantic Ave, FL 24 5.4 CITY-ST-ZIP: Boston, MA 02210-2214	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John A. Benning* 11/22/96 617-722-6000