

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90113 001 ***158.75

DOCUMENT # P33522
 1. Entity Name
LRE PROPERTIES, INC.

Principal Place of Business Mailing Address
175 BERKELEY STREET **175 BERKELEY STREET**
MAIL STOP 03E **MAIL STOP 03E**
BOSTON MA 02117 **BOSTON MA 02117**
US **US**



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 **04-3101915** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent
 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 _____ (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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MANSFIELD, CHRISTOPHER C	
STREET ADDRESS	175 BERKELEY STREET	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MOCERI, ANTHONY R	
STREET ADDRESS	175 BERKELEY STREET	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCARTHY, JOHN M	
STREET ADDRESS	175 BERKELEY STREET	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE	VT	<input type="checkbox"/> Delete
NAME	KALLANDER, KAREN L	
STREET ADDRESS	175 BERKELEY STREET	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEGG, DEXTER	
STREET ADDRESS	175 BERKELEY STREET	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONDRIAN, PAUL J III	
STREET ADDRESS	175 BERKELEY STREET	
CITY-ST-ZIP	BOSTON MA 02117	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANSFIELD, CHRISTOPHER C	
STREET ADDRESS	175 Berkeley St	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, JOHN M	
STREET ADDRESS	175 BERKELEY STREET	
CITY-ST-ZIP	BOSTON, MA 02117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Karen L Kallander Date: 3/28/02 Daytime Phone #: 617-574-5707

CR2E034 (9/01)