## 2004 FOR PROFIT CORPORATION

## **FILED** Mar 09, 2004 08:00 AM Secretary of State

DOCUMENT # P33522  1. Entity Name LRE PROPERTIES, INC.		
Principal Place of Business 175 BERKELEY STREET MAIL STOP 03E BOSTON, MA 02117 US	Mailing Address 175 BERKELEY STREET MAIL STOP 03E BOSTON, MA 02117 US	
OO NOT WRITE	IN THIS SPA	CE

CR2E034 (10/03) 2252004 No Chg-P 4. FEI Number 04-3101915 Applied For Not Applicable \$8.75 Additional Fee Required

X

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM

## DO NOT WRITE

5. Certificate of Status Desired

1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		IN THIS SPACE			
	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	d office or r		th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE Registered	Agent signature	required when (einstaling)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>	oling .	\$5.00 May Be Added to Fees	   U00000082548   U3/09/04-80036-008 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIREC D MANSFIELD, CHRISTOPHER C 175 BERKELEY STREET BOSTON, MA 02117	OHS			
INTLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCARTHY, JOHN M 175 BERKELEY STREET BOSTON, MA 02117				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KALLANDER, KAREN L 175 BERKELEY STREET BOSTON, MA 02117			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEGG, DEXTER 175 BERKELEY STREET BOSTON, MA 02117		/ =	IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANGWELL, DENNIS J 175 BERKELEY STREET BOSTON, MA 02117				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the corchanged,	certify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ing does not qualify for the exen nd accurate and that my signate to execute this report as require other like empowered.	ption state ire shall ha ed by Chap		(i), Florida Statutes. I further certify that the information of as if made under eath, that I am an officer or director as; and that my name appears in Block 10 or Block 11 if

Karen L Kallander

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR