

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90205 037 ***150.00

DOCUMENT # P33938

1. Corporation Name

AEW NO. 69 CORPORATION



Principal Place of Business

% ALDRICH, EASTMAN & WALTCH, INC..
225 FRANKLIN ST..
BOSTON MA 02110

Mailing Address

% ALDRICH, EASTMAN & WALTCH, INC..
225 FRANKLIN ST..
BOSTON MA 02110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1991

4. FEI Number

04-3138210

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

84 City

FL

85 Zip Code

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 or 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ALBERTSON, MARK A	
STREET ADDRESS	267 KING CAESAR RD.	
CITY-ST-ZIP	DUXBURY MA 02332	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MONAHAN, J. GRANT	
STREET ADDRESS	68 SNAKE HILL ROAD	
CITY-ST-ZIP	BELMONT MA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LAGERLUND, KARIN	
STREET ADDRESS	225 FRANKLIN ST.	
CITY-ST-ZIP	BOSTON MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALBERT, THOMAS K.	
STREET ADDRESS	176 OCEAN STREET	
CITY-ST-ZIP	LYNN MA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	BIEBUSCH, DOREEN M.	
STREET ADDRESS	75 FOUNDRY STREET, UNIT 35	
CITY-ST-ZIP	SO. EASTON MA	
TITLE	AC	<input type="checkbox"/> DELETE
NAME	BERNARDI, ARLEEN M	
STREET ADDRESS	22 WESTVALE RD.	
CITY-ST-ZIP	MILTON MA 02178	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gifford Robert G	
1.3 STREET ADDRESS	41 Oxford Road	
1.4 CITY-ST-ZIP	Newton Centre, MA 02459	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)