

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33938

1. Entity 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

2. Principal Place of Business

AEW CAPITAL MGMT, L.P.

Suite, Apt. #, etc.

TWO SEAPORT LANE

City & State

Boston, MA 02210-2001

Zip

Country

3. Mailing Address

AEW CAPITAL MGMT, L.P.

Suite, Apt. #, etc.

TWO SEAPORT LANE

City & State

Boston, MA

Zip

Country

02210-2001

4. FEI Number 04-3138210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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

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

(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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	P GIFFORD, ROBERT G 41 OXFORD RD. NEWTON CENTRE MA 02159	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MONAHAN, J. GRANT 68 SNAKE HILL ROAD BELMONT MA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAGERLUND, KARIN 225 FRANKLIN ST. BOSTON MA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBERT, THOMAS K. 176 OCEAN STREET LYNN MA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BIEBUSCH, DOREEN M. 75 FOUNDRY STREET, UNIT 35 SO. EASTON MA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC BERNARDI, ARLEEN M 22 WESTVALE RD. MILTON MA 02178	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANIEL J. BRADLEY TWO SEAPORT LANE BOSTON, MA 02210-2001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALEC BURLEIGH TWO SEAPORT LANE BOSTON, MA 02210-2001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONATHAN MARTIN TWO SEAPORT LANE BOSTON, MA 02210-2001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAY FINNEGAN TWO SEAPORT LANE BOSTON, MA 02210-2001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC WILLIAM ALBANESE TWO SEAPORT LANE BOSTON, MA 02210-2001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/01

Date

Daytime Phone #

FILED  
Sep 13, 2001 8:00 am  
Secretary of State

09-13-2001 90017 027 \*\*\*550.00

00025672



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)