

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <b>DOCUMENT # P33938</b><br>1. Entity Name<br><b>AEW NO. 69 CORPORATION</b>  |   |   |   |  |  |
| Principal Place of Business<br><b>AFW VCAPITAL MGMT L.P.<br/>TWO SEAPORT LANE<br/>BOSTON, MA 02210-2021</b>  |   |   | Mailing Address<br><b>AFW VCAPITAL MGMT L.P.<br/>TWO SEAPORT LANE<br/>BOSTON, MA 02210-2021</b> |  |  |
| 2. Principal Place of Business<br><b>AEW CAPITAL MANAGEMENT, LP</b><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><b>AEW CAPITAL MANAGEMENT LP</b><br>Suite, Apt. #, etc. |   |  |  |
| City & State   |   | City & State  |   | 4. FEI Number<br><b>04-3138210</b>   |  |
| Zip  |   | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>  |   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.<br><div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">           SIGNATURE <br/> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>TRACI HOUCK<br/>SPECIAL ASSISTANT SECRETARY</b> </div> <div style="width: 30%; text-align: right;"> <b>11/16/04</b><br/> <small>DATE</small> </div> </div> |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After January 1, 2005, Fee will be \$300.00</b>   |   |   |   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE  | PD<br><b>BRADLEY, DANIEL J</b><br>STREET ADDRESS<br><b>TWO SEAPORT LANE</b><br>CITY - ST - ZIP<br><b>BOSTON, MA 022102021</b> | <input type="checkbox"/> Delete   | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE  | DV<br><b>MONAHON, J. GRANT</b><br>STREET ADDRESS<br><b>68 SNAKE HILL ROAD</b><br>CITY - ST - ZIP<br><b>BELMONT, MA</b>        | <input checked="" type="checkbox"/> Delete                                    | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE  | VP<br><b>BURLEIGH, ALEC</b><br>STREET ADDRESS<br><b>TWO SEAPORT LANE</b><br>CITY - ST - ZIP<br><b>BOSTON, MA 022102021</b>    | <input checked="" type="checkbox"/> Delete                                    | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE  | T<br><b>MARTIN, JONATHAN</b><br>STREET ADDRESS<br><b>TWO SEAPORT LANE</b><br>CITY - ST - ZIP<br><b>BOSTON, MA 022102021</b>   | <input type="checkbox"/> Delete   | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE  | VP<br><b>FINNEGAN, JAN</b><br>STREET ADDRESS<br><b>TWO SEAPORT LANE</b><br>CITY - ST - ZIP<br><b>BOSTON, MA 022102021</b>     | <input type="checkbox"/> Delete   | TITLE   | <b>VP</b><br><b>JAMES J. FINNEGAN</b><br>STREET ADDRESS<br><b>2 SEAPORT LN.</b><br>CITY - ST - ZIP<br><b>BOSTON, MA 02210</b>        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE  | AC<br><b>ALBANESE, WILLIAM</b><br>STREET ADDRESS<br><b>TWO SEAPORT LANE</b><br>CITY - ST - ZIP<br><b>BOSTON, MA 022102021</b> | <input type="checkbox"/> Delete   | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  |   |   |   |  |  |
| SIGNATURE: <b>Daniel Bradley</b> <b>11/25/04</b> <b>617-241-9375</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>   |   |   |   |  |  |

**FILED**

**04 NOV 17 AM 9:55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



10272004 REIN-P CR2E098 (6/04)

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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SIGNATURE: **Daniel Bradley** **11/25/04** **617-241-9375**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #