

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT #P33938

1. Entity Name
AEW NO. 69 CORPORATION



FILED

06 JUN 29 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04242006 REIN-P CR2E098 (11/05)

Principal Place of Business C/O AEW CAPITAL MANAGEMENT, L.P. TWO SEAPORT LANE BOSTON, MA 02210-2021		Mailing Address C/O AEW CAPITAL MANAGEMENT, L.P. TWO SEAPORT LANE BOSTON, MA 02210-2021	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
04-3138210

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	
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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 Corrie Bay DATE 6/28/06

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADLEY, DANIEL J TWO SEAPORT LANE BOSTON, MA 022102021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, JONATHAN TWO SEAPORT LANE BOSTON, MA 022102021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FINNEGAN, JAMES J TWO SEAPORT LANE BOSTON, MA 022102021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC ALBANESE, WILLIAM TWO SEAPORT LANE BOSTON, MA 022102021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [Signature] DATE 4/25/06 617-261-9000

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #