

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

FILED

Jun 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam,  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P38743

(1)

1. Corporation Name

EASTRICH NO. 90 CORPORATION

Principal Place of Business

% ALDRICH, EASTMAN & WALTCH, L.P.,  
225 FRANKLIN STREET  
BOSTON MA 02110

Mailing Address

% ALDRICH, EASTMAN & WALTCH, L.P.,  
225 FRANKLIN STREET  
BOSTON MA 02110-2804

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/11/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

04-3148139

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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  
NAME ALBERTSON, MARK A  
STREET ADDRESS 287 KING CAESAR RD.  
CITY-ST-ZIP DUXBURY MA 02332

TITLE VD  
NAME MONAHAN, J. GRANT  
STREET ADDRESS 68 SNAKE HILL ROAD  
CITY-ST-ZIP BELMONT MA 02178

TITLE T  
NAME CROSS, GERD A.  
STREET ADDRESS 47 ROBINSON CREEK ROAD  
CITY-ST-ZIP PEMBROKE MA 02359

TITLE VD  
NAME ALBERT, THOMAS K.  
STREET ADDRESS 176 OCEAN STREET  
CITY-ST-ZIP LYNN MA 01902

TITLE AC  
NAME BERNARDI, ARLEEN M  
STREET ADDRESS 22 WESTVALE RD.  
CITY-ST-ZIP MILTON MA 02186

TITLE AC  
NAME BERNARDI, ARLEEN M  
STREET ADDRESS 22 WESTVALE RD.  
CITY-ST-ZIP MILTON MA 02186

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE

4/29/97

CP2E034 (9/96)