

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P39102

1. Entity Name

THREE WINTHROP PROPERTIES, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90096 020 ***150.00

Principal Place of Business

Mailing Address

C/O FIRST WINTHROP CORPORATION
FIVE CAMBRIDGE CENTER, 9TH FLOOR
CAMBRIDGE MA 02142
US

C/O FIRST WINTHROP CORP.
FIVE CAMBRIDGE CENTER, 9TH FLOOR
CAMBRIDGE MA 02142-1493
US

90096020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 04-2824335

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCEO
NAME ASHNER, MICHAEL
STREET ADDRESS 5 CAMBRIDGE CENTER, 9TH FLOOR
CITY-ST-ZIP CAMBRIDGE MA 02142 ☐ Delete

TITLE Assistant Secretary
NAME Forrester, Allison
STREET ADDRESS 5 Cambridge Center, 9th Floor
CITY-ST-ZIP Cambridge, MA 02142 ☐ Change ☒ Addition

TITLE DSVP
NAME BRAVERMAN, PETER
STREET ADDRESS 5 CAMBRIDGE CENTER, 9TH FLOOR
CITY-ST-ZIP CAMBRIDGE MA 02142 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPS
NAME TIFFANY, CAROLYN
STREET ADDRESS 5 CAMBRIDGE CENTER, 9TH FLOOR
CITY-ST-ZIP CAMBRIDGE MA 02142 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TR
NAME STAPLES, TOM
STREET ADDRESS 5 CAMBRIDGE CENTER, 9TH FLOOR
CITY-ST-ZIP CAMBRIDGE MA 02142 ☐ 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

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

Date

Daytime Phone #

CR2E034 (9/99)