

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

05/2008 AT

DOCUMENT # P39102

1. Entity Name
THREE WINTHROP PROPERTIES, INC.

02-27-2002 90016 046 ***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 US



2. Principal Place of Business	3. Mailing Address
7 Bulfinch Place, Suite 500 PO Box 9507 Boston, MA 02114-9507	7 Bulfinch Place, Suite 500 PO Box 9507 Boston, MA 02114-9507

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
04-2824335	Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 _____ (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, 2002 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

TITLE	DCEO	<input type="checkbox"/> Delete
NAME	ASHNER, MICHAEL	
STREET ADDRESS	5 CAMBRIDGE CENTER, 9TH FLOOR	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE	DSVP	<input type="checkbox"/> Delete
NAME	BRAVERMAN, PETER	
STREET ADDRESS	5 CAMBRIDGE CENTER, 9TH FLOOR	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	TIFFANY, CAROLYN	
STREET ADDRESS	5 CAMBRIDGE CENTER, 9TH FLOOR	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE	TR	<input type="checkbox"/> Delete
NAME	STAPLES, TOM	
STREET ADDRESS	5 CAMBRIDGE CENTER, 9TH FLOOR	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FORRESTER, ALLISON	
STREET ADDRESS	5 CAMBRIDGE CENTER, 9TH FLOOR	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7 Bulfinch Place, Suite 500	
CITY-ST-ZIP	PO Box 9507	
TITLE	Boston, MA 02114-9507	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7 Bulfinch Place, Suite 500	
CITY-ST-ZIP	PO Box 9507	
TITLE	Boston, MA 02114-9507	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7 Bulfinch Place, Suite 500	
CITY-ST-ZIP	PO Box 9507	
TITLE	Boston, MA 02114-9507	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7 Bulfinch Place, Suite 500	
CITY-ST-ZIP	PO Box 9507	
TITLE	Boston, MA 02114-9507	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: ALLISON FORRESTER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Acct Secretary

Date 2/13/02 Daytime Phone # 516 822 0022

CR2E034 (9/01)