


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

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000079689 (3)**

1. Corporation Name

**EASTRICH NO. 157 CORPORATION**

Principal Place of Business

**C/O ALDRICH EASTMAN WALTCH  
255 FRANKLIN STREET  
BOSTON MA 02110**

Mailing Address

**C/O ALDRICH EASTMAN WALTCH  
255 FRANKLIN STREET  
BOSTON MA 02110**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>10/31/1994</b>	
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>4. FEI Number</b> <b>04-3252730</b>		Applied For <input type="checkbox"/> Not Applicable	
<b>22</b> City & State	<b>27</b> City & State	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>23</b> Zip	<b>28</b> Zip	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>24</b> Country	<b>29</b> Country	<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

**9. Name and Address of Current Registered Agent**

**PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
STE #105  
TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONAHON, J. GRANT	1.2 NAME	
STREET ADDRESS	68 SNAKE HILL ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELMONT MA 02178	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIFFORD, ROBERT G	2.2 NAME	
STREET ADDRESS	41 OXFORD RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWTON CENTRE MA 02159	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT, THOMAS	3.2 NAME	
STREET ADDRESS	176 OCEAN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN MA 01902	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAGERLUND, KARIN	4.2 NAME	
STREET ADDRESS	225 FRANKLIN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIEBUSCH, DOREEN N	5.2 NAME	
STREET ADDRESS	225 FRANKLIN ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02110	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARDI, ARLEEN M	6.2 NAME	
STREET ADDRESS	225 FRANKLIN ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02110	6.4 CITY-ST-ZIP	

**14. 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 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]*

4/8/98 617-241-9000

CR2E034 (10/97)