

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000007721

1. Corporation Name  
BUR, INC.

Principal Place of Business

ONE POST OFFICE SQUARE, SUITE 3340  
BOSTON MA 02109

Mailing Address

ONE POST OFFICE SQUARE, SUITE 3340  
BOSTON MA 02109

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BURKE, FRANCIS D  
STREET ADDRESS ONE POST OFFICE SQUARE, SUITE 3340  
CITY-ST-ZIP BOSTON MA 02109

[ ] DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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13.

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

6000002768916-9  
-02/09/99-01015--023  
\*\*\*\*150.00 \*\*\*\*150.00

[ ] Change [ ] Addition

[ ] Change [ ] Addition

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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 with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

99 JAN 25 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1995

4. FEI Number

04-3261786

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 owes the current year Intangible  
Personal Property Tax [ ] Yes [ ] No

10. Name and Address of New Registered Agent

CR2E034 (11/98)