

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

FILED  
Jun 07, 1999 8:00 am  
Secretary of State

06-07-1999 90017 038 \*\*\*550.00

DOCUMENT # P96000032350

1. Corporation Name

EASTRICH NO. 186 CORPORATION

Principal Place of Business

225 FRANKLIN STREET  
BOSTON MA 02110  
US

Mailing Address

225 FRANKLIN STREET  
BOSTON MA 02110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1996

4. FEI Number

58-2242666

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

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

10. Name and Address of New 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUSID, ALISON L	
STREET ADDRESS	225 FRANKLIN ST. C/O AEW C APITAL MGMT.LP	
CITY-ST-ZIP	BOSTON MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MONAHON, J. GRANT	
STREET ADDRESS	225 FRANKLIN ST., C/O AEW CAPITAL MGMT. LP	
CITY-ST-ZIP	BOSTON MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALBERT, THOMAS K	
STREET ADDRESS	225 FRANKLIN ST., C/O AEW CAPITAL MGMT., L	
CITY-ST-ZIP	BOSTON MA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LAGERLUND, KARIN J	
STREET ADDRESS	225 FRAMLOM ST/ CO/AEW CAPITAL MGMT., LP	
CITY-ST-ZIP	BOSTON MA	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	DUYEAR, DAVID D	
STREET ADDRESS	225 FRANKLIN ST., CO AEW CAPITAL MGMT., LP	
CITY-ST-ZIP	BOSTON MA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MONAHON, J GRANT	
STREET ADDRESS	225 FRANKLIN ST., CO AEW CAPITAL MGMT., LP	
CITY-ST-ZIP	BOSTON MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CUTLER, ALISON HUSID
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MAGEE, LINDA
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)