

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State
 09-13-2001 90016 004 ***550.00

DOCUMENT # P96000032350

1. Entity Name
EASTRICH NO. 186 CORPORATION

Principal Place of Business
225 FRANKLIN STREET
BOSTON MA 02110
US

Mailing Address
225 FRANKLIN STREET
BOSTON MA 02110



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Two Seaport Lane

City & State
Boston Ma

Zip
02210

Suite, Apt. #, etc.

Two Seaport Lane

City & State
Boston Ma

Zip
02210

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2242666

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	CUTLER, ALISON H	
STREET ADDRESS	225 FRANKLIN ST. C/O AEW CAPITAL MGMT. LP	
CITY-ST-ZIP	BOSTON MA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MONAHAN, J. GRANT	
STREET ADDRESS	225 FRANKLIN ST., C/O AEW CAPITAL MGMT. LP	
CITY-ST-ZIP	BOSTON MA	
TITLE	VD	<input checked="" 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 checked="" type="checkbox"/> Delete
NAME	LAGERLUND, KARIN J	
STREET ADDRESS	225 FRANKLIN ST. CO/AEW CAPITAL MGMT., LP	
CITY-ST-ZIP	BOSTON MA	
TITLE	AT	<input type="checkbox"/> Delete
NAME	MAGEE, LINDA	
STREET ADDRESS	225 FRANKLIN ST., CO AEW CAPITAL MGMT., LP	
CITY-ST-ZIP	BOSTON MA	
TITLE	C	<input type="checkbox"/> Delete
NAME	FINNEGAN, JAMES J	
STREET ADDRESS	225 FRANKLIN ST., CO AEW CAPITAL MGMT., LP	
CITY-ST-ZIP	BOSTON MA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Husid, Alison L.	
STREET ADDRESS	c/o AEW Capital Mgt, Two Seaport Lane	
CITY-ST-ZIP	Boston, MA 02210	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Monahan, J. Grant	
STREET ADDRESS	c/o AEW Capital Mgt, Two Seaport Lane	
CITY-ST-ZIP	Boston, MA 02210	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Iphigenia Demetriades	
STREET ADDRESS	c/o AEW Capital Mgt. Two Seaport Lane	
CITY-ST-ZIP	Boston, MA 02210	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin, Jonathan E.	
STREET ADDRESS	c/o AEW Capital Mgt., Two Seaport Lane	
CITY-ST-ZIP	Boston, MA 02210	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Magee, Linda	
STREET ADDRESS	c/o AEW Capital Mgt., Two Seaport Lane	
CITY-ST-ZIP	Boston, MA 02210	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Finnegan, James J	
STREET ADDRESS	c/o AEW Capital Mgt., Two Seaport Lane	
CITY-ST-ZIP	Boston, MA 02210	

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 REQUIRED** **Alison L. Husid** 9/5/01 617-261-9594
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)