

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 13, 2002 8:00 am
Secretary of State

08-13-2002 90225 001 ***550.00

DOCUMENT # P96000032350

1. Entity Name

Eastrich No. 186 Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Two Seaport Lane

Suite, Apt. #, etc.

3. Mailing Address

Two Seaport Lane

Suite, Apt. #, etc.

City & State

Boston, MA

City & State

Boston, MA

4. FEI Number

58-2242666

Applied For

Not Applicable

Zip

02210

Country

USA

Zip

02210

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME Huid, Alison L.
STREET ADDRESS Two Seaport Lane
CITY- ST- ZIP Boston, MA 02210

TITLE VD
NAME monahan, J. Grant
STREET ADDRESS Two Seaport Lane
CITY- ST- ZIP Boston, MA 02210

TITLE VD
NAME Iphigenia, Demitriades
STREET ADDRESS Two Seaport Lane
CITY- ST- ZIP Boston, MA 02210

TITLE T
NAME martin, Jonathan E.
STREET ADDRESS Two Seaport Lane
CITY- ST- ZIP Boston, MA 02210

TITLE AT
NAME magee, Linda
STREET ADDRESS Two Seaport Lane
CITY- ST- ZIP Boston, MA 02210

TITLE C
NAME Finnegan, James J.
STREET ADDRESS Two Seaport Lane
CITY- ST- ZIP Boston, MA 02210

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CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James J. Finnegan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/02
Date

(617) 261-9000
Daytime Phone #

CR2E034B (12/01)