

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 039 \*\*\*550.00

DOCUMENT # P96000044720

1. Corporation Name

EASTRICH NO. 187 CORPORATION

Principal Place of Business

C/O ALDRICH, EASTMAN & WALTCH, L.P.  
225 FRANKLIN ST.  
BOSTON MA 02110

Mailing Address

C/O ALDRICH, EASTMAN & WALTCH, L.P.  
225 FRANKLIN ST.  
BOSTON MA 02110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1996

4. FEI Number

58-2242663

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

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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	P	<input type="checkbox"/> DELETE
NAME	HUSID, ALISON L	
STREET ADDRESS	C/O ALDRICH, EASTMAN, 225 FRANKLIN ST.	
CITY-ST-ZIP	BOSTON MA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MONAHON, J. GRANT	
STREET ADDRESS	C/O ALDRICH, EASTMAN, 225 FRANKLIN ST.	
CITY-ST-ZIP	BOSTON MA 02110	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALBERT, THOMAS K	
STREET ADDRESS	C/O ALDRICH, EASTMAN, 225 FRANKLIN ST.	
CITY-ST-ZIP	BOSTON MA 02110	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LAGERLUND, KARIN J	
STREET ADDRESS	C/O ALDRICH, EASTMAN, 225 FRANKLIN ST.	
CITY-ST-ZIP	BOSTON MA 02110	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PUYER, DAVID D	
STREET ADDRESS	C/O ALDRICH, EASTMAN, 225 FRANKLIN ST.	
CITY-ST-ZIP	BOSTON MA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BERNARDI, ARLEEN M	
STREET ADDRESS	C/O ALDRICH, EASTMAN, 225 FRANKLIN ST.	
CITY-ST-ZIP	BOSTON MA 02110	

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)(l), 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 #

5/4/99

CR2E034 (11/98)

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