

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90039 033 ***150.00

DOCUMENT # P96000044720

1. Entity Name
EASTRICH NO. 187 CORPORATION

Principal Place of Business C/O ALDRICH, EASTMAN & WALTON, L.P. 225 FRANKLIN ST. BOSTON MA 02110	Mailing Address C/O ALDRICH, EASTMAN & WALTON, L.P. 225 FRANKLIN ST. BOSTON MA 02110-2804
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A0020068



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 58-2242663	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
C T 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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUTLER, ALISON H		NAME		
STREET ADDRESS	C/O ALDRICH, EASTMAN, 225 FRANKLIN ST.		STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MONAHAN, J. GRANT		NAME		
STREET ADDRESS	C/O ALDRICH, EASTMAN, 225 FRANKLIN ST.		STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02110		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALBERT, THOMAS K		NAME		
STREET ADDRESS	C/O ALDRICH, EASTMAN, 225 FRANKLIN ST.		STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02110		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAGERLUND, KARIN J		NAME		
STREET ADDRESS	C/O ALDRICH, EASTMAN, 225 FRANKLIN ST.		STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02110		CITY-ST-ZIP		
TITLE	X AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAGEE, LINDA		NAME		
STREET ADDRESS	C/O ALDRICH, EASTMAN, 225 FRANKLIN ST.		STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BERNARDI, ARLEEN M		NAME	James J. Finnegan	
STREET ADDRESS	C/O ALDRICH, EASTMAN, 225 FRANKLIN ST.		STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02110		CITY-ST-ZIP		

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: _____ **1/10/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Daytime Phone # _____