

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P96000044738 (8)

1. Corporation Name

EASTRICH NO. 188 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

58-2242668

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐☐

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME HUSID, ALISON L.
STREET ADDRESS C/O AEW CAPITAL MGT. 225 FRANKLIN ST.
CITY-ST-ZIP BOSTON MA

TITLE VSD
NAME MONAHAN, J. GRANT
STREET ADDRESS C/O ALDRICH, EASTMAN, 225 FRANKLIN ST.
CITY-ST-ZIP BOSTON MA 02110

TITLE VD
NAME ALBERT, THOMAS K
STREET ADDRESS C/O ALDRICH, EASTMAN, 225 FRANKLIN ST.
CITY-ST-ZIP BOSTON MA 02110

TITLE T
NAME LAGERLUND, KARIN J
STREET ADDRESS C/O ALDRICH, EASTMAN, 225 FRANKLIN ST.
CITY-ST-ZIP BOSTON MA 02110

TITLE T
NAME PUYEAR, DAVID D.
STREET ADDRESS C/O AEW CAPITAL MGT. 225 FRANKLIN ST.
CITY-ST-ZIP BOSTON MA

TITLE S
NAME BERNARDI, ARLEEN M
STREET ADDRESS C/O ALDRICH, EASTMAN, 225 FRANKLIN ST.
CITY-ST-ZIP BOSTON MA 02110

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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

SIGNATURE:



1/13/98

CR2E034 (10/97)