

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90016 002 ***550.00

DOCUMENT # P96000044738

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Two Seaport Lane

Two Seaport Lane

City & State

City & State

Boston, Ma.

Boston, Ma.

Zip

Zip

02210

Country

Country

6. Name and Address of Current Registered Agent

4. FEI Number **58-2242668**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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

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

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CUTLER, ALISON H	
STREET ADDRESS	C/O AEW CAPITAL MGT. 225 FRANKLIN ST.	
CITY-ST-ZIP	BOSTON MA	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MONAHAN, J. GRANT	
STREET ADDRESS	C/O ALDRICH, EASTMAN, 225 FRANKLIN ST.	
CITY-ST-ZIP	BOSTON MA 02110	
TITLE	VD	<input checked="" 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 checked="" 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 type="checkbox"/> Delete
NAME	MAGEE, LINDA	
STREET ADDRESS	C/O AEW CAPITAL MGT. 225 FRANKLIN ST.	
CITY-ST-ZIP	BOSTON MA	
TITLE	V	<input type="checkbox"/> Delete
NAME	FINNEGAN, JAMES J	
STREET ADDRESS	C/O ALDRICH, EASTMAN, 225 FRANKLIN ST.	
CITY-ST-ZIP	BOSTON MA 02110	

TITLE	<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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD... Iphigenia Demetriades
STREET ADDRESS	C/O AEW Capital Mgt. Two Seaport Lane
CITY-ST-ZIP	Boston MA 02210
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T 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)