

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**  
 09-13-2001 90016 005 \*\*\*550.00

CR2E034 (5/01)

**DOCUMENT # P96000044739**

1. Entity Name  
**EASTRICH NO. 189 CORPORATION**

Principal Place of Business Mailing Address  
**C/O ALDRICH, EASTMAN & WALTCH, L.P.** **C/O ALDRICH, EASTMAN & WALTCH, L.P.**  
**225 FRANKLIN ST.** **225 FRANKLIN ST.**  
**BOSTON MA 02110** **BOSTON MA 02110**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. **Two Seaport Lane** Suite, Apt. #, etc. **Two Seaport Lane**  
 City & State **Boston, MA** City & State **Boston, MA**  
 Zip **02210** Country Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2242667** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$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) ☐

**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

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>CUTLER, ALISON H</b>
STREET ADDRESS	<b>%ALDRICH, EASTMAN, 225 FRANKLIN ST</b>
CITY-ST-ZIP	<b>BOSTON MA</b>
TITLE	<b>VSD</b> <input type="checkbox"/> Delete
NAME	<b>MONAHON, J. GRANT</b>
STREET ADDRESS	<b>C/O ALDRICH, EASTMAN, 225 FRANKLIN ST</b>
CITY-ST-ZIP	<b>BOSTON MA 02110</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> Delete
NAME	<b>ALBERT, THOMAS K</b>
STREET ADDRESS	<b>C/O ALDRICH, EASTMAN, 225 FRANKLIN ST</b>
CITY-ST-ZIP	<b>BOSTON MA 02110</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> Delete
NAME	<b>LAGERLUND, KARIN J</b>
STREET ADDRESS	<b>C/O ALDRICH, EASTMAN, 225 FRANKLIN ST</b>
CITY-ST-ZIP	<b>BOSTON MA 02110</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>MAGEE, LINDA</b>
STREET ADDRESS	<b>%AEW CAPITOL MGT 225 FRANKLIN ST</b>
CITY-ST-ZIP	<b>BOSTON MA</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>FINNEGAN, JAMES J</b>
STREET ADDRESS	<b>C/O ALDRICH, EASTMAN, 225 FRANKLIN ST</b>
CITY-ST-ZIP	<b>BOSTON MA 02110</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Husid, Alison L.</b>
STREET ADDRESS	<b>c/o AEW Capital Mgt., Two Seaport Lane</b>
CITY-ST-ZIP	<b>Boston, MA 02210</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>monahon, J. Grant</b>
STREET ADDRESS	<b>c/o AEW Capital Mgt, Two Seaport Lane</b>
CITY-ST-ZIP	<b>Boston, MA 02210</b>
TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Iphigenia Demetriades</b>
STREET ADDRESS	<b>c/o AEW Capital Mgt. Two Seaport Lane</b>
CITY-ST-ZIP	<b>Boston, MA 02210</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Martin, Jonathan E.</b>
STREET ADDRESS	<b>c/o AEW Capital Mgt. Two Seaport Lane</b>
CITY-ST-ZIP	<b>Boston, MA 02210</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>magee, Linda</b>
STREET ADDRESS	<b>c/o AEW Capital Mgt, Two Seaport Lane</b>
CITY-ST-ZIP	<b>Boston, MA 02210</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Finnegan, James J.</b>
STREET ADDRESS	<b>c/o AEW Capital Mgt, Two Seaport Lane</b>
CITY-ST-ZIP	<b>Boston, MA 02210</b>

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 President Date Daytime Phone #