

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000044741

FILED
Oct 18, 2004
Secretary of State

Entity Name: EASTRICH NO. 190 CORPORATION

Current Principal Place of Business:

TWO SEAPORT LANE
BOSTON, MA 02210

New Principal Place of Business:

Current Mailing Address:

TWO SEAPORT LANE
BOSTON, MA 02210

New Mailing Address:

FEI Number: 59-2242660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUSID, ALISON L
Address: %ANEW CAPITAL MGT., TWO SEAPORT LANE
City-St-Zip: BOSTON, MA 02210

Title: VSD () Delete
Name: MONAHON, J. GRANT
Address: %ANEW CAPITAL MGT., TWO SEAPORT LANE
City-St-Zip: BOSTON, MA 02210

Title: VD () Delete
Name: DEMETRIADES, IPHIGENIA
Address: %ANEW CAPITAL MGT., TWO SEAPORT LANE
City-St-Zip: BOSTON, MA 02210

Title: AT () Delete
Name: MAGEE, LINDA
Address: %ANEW CAPITAL MGT., TWO SEAPORT LANE
City-St-Zip: BOSTON, MA 02210

Title: T () Delete
Name: MARTIN, JONATHAN E
Address: %ANEW CAPITAL MGT., TWO SEAPORT LANE
City-St-Zip: BOSTON, MA 02210

Title: S () Delete
Name: FINNEGAN, JAMES J
Address: %ANEW CAPITAL MGT., TWO SEAPORT LANE
City-St-Zip: BOSTON, MA 02210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change () Addition
Name: FINNEGAN, JAMES J
Address: %ANEW CAPITAL MGT., TWO SEAPORT LANE
City-St-Zip: BOSTON, MA 02210

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES J. FINNEGAN

S

10/18/2004

Electronic Signature of Signing Officer or Director

Date