

5/23/

FILED
Jun 26, 2001 8:00 am
Secretary of State

05-23-2001 91188 048 ***150.00

DOCUMENT # S25604

Entity Name

Grayborn Buena Vista, Inc.

Principal Place of Business

100 Charles Park Road
 West Roxbury, MA 02132

Mailing Address

100 Charles Park Road
 West Roxbury, MA 02132

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3052481

Applied For

Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT 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

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

This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
D/V	MacPhail, Paul W.	100 Charles Park Road	West Roxbury, MA 02132	☐
D/P	Miller, Craig S.	100 Charles Park Road, West Roxbury, MA 02132		☐
D	Spencer, Aaron D.	100 Charles Park Road	West Roxbury, MA 02132	☐
V	Brown, Robert M.	100 Charles Park Road, West Roxbury, MA 02132		☒
V/S	Herz II, George W.	100 Charles Park Road, West Roxbury, MA 02132		☐
AS	Cullen, Magdalene A.	100 Charles Park Road	West Roxbury, MA 02132	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition
				☐	☐
				☐	☐
				☐	☐
V	Vincent, Robert M.	100 Charles Park Road	West Roxbury, MA 02132	☐	☒
				☐	☐
				☐	☐

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Magdalene A. Cullen
 Magdalene A. Cullen, Assistant Secretary

Date

5/8/01

Phone #

(617) 323-9200

CR2E034 (11/00)