

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **848494**

1. Entity Name

ONE WINTHROP PROPERTIES, INC.

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90016 044 ***150.00

05/20/01 AT

Principal Place of Business

**C/O THE FIRST WINTHROP GROUP
FIVE CAMBRIDGE CENTER, 9TH FLOOR
CAMBRIDGE MA 02142
US**

Mailing Address

**C/O THE WINTHROP GROUP
FIVE CAMBRIDGE CENTER, 9TH FLOOR
CAMBRIDGE MA 02142
US**



7 Bulfinch Place, Suite 500
PO Box 9507
Boston, MA 02114-9507

7 Bulfinch Place, Suite 500
PO Box 9507
Boston, MA 02114-9507

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-2650973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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.

DIRECTORS IN 11

TITLE **AS** ☐ Delete
NAME **FORRESTER, ALLISON**
STREET ADDRESS **5 CAMBRIDGE CENTER, 9TH FLOOR**
CITY-ST-ZIP **CAMBRIDGE MA 02142**

TITLE **7 Bulfinch Place, Suite 500**
NAME **PO Box 9507**
STREET ADDRESS **Boston, MA 02114-9507**
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **DCEO** ☐ Delete
NAME **ASHNER, MICHAEL**
STREET ADDRESS **5 CAMBRIDGE CENTER, 9TH FLOOR**
CITY-ST-ZIP **CAMBRIDGE MA 02142**

TITLE **7 Bulfinch Place, Suite 500**
NAME **PO Box 9507**
STREET ADDRESS **Boston, MA 02114-9507**
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **DSVP** ☐ Delete
NAME **BRAVERMAN, PETER**
STREET ADDRESS **5 CAMBRIDGE CENTER, 9TH FLOOR**
CITY-ST-ZIP **CAMBRIDGE MA 02142**

TITLE **7 Bulfinch Place, Suite 500**

☒ Change ☐ Addition

TITLE **VP** ☐ Delete
NAME **TIFFANY, CAROLYN**
STREET ADDRESS **5 CAMBRIDGE CENTER, 9TH FLOOR**
CITY-ST-ZIP **CAMBRIDGE MA 02142**

TITLE **PO Box 9507**

☒ Change ☐ Addition

TITLE **TR** ☐ Delete
NAME **STAPLES, TOM**
STREET ADDRESS **5 CAMBRIDGE CENTER, 9TH FLOOR**
CITY-ST-ZIP **CAMBRIDGE MA 02142**

TITLE **7 Bulfinch Place, Suite 500**
NAME **PO Box 9507**
STREET ADDRESS **Boston, MA 02114-9507**
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Allison Forrester
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/02 **822 0022**

CR2E034 (9/01)