

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90283 046 \*\*\*550.00



**DOCUMENT # P38743**

1. Entity Name  
**EASTRICH NO. 90 CORPORATION**

Principal Place of Business  
**AEW CAPITAL MGMT., L.P.  
TWO SEAPORT LANE  
BOSTON MA 02210-2021**

Mailing Address  
**AEW CAPITAL MGMT., L.P.  
TWO SEAPORT LANE  
BOSTON MA 02210-2021**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-3148139**

Applied For  
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRADLEY, DANIEL J	
STREET ADDRESS	TWO SEAPORT LANE	
CITY-ST-ZIP	BOSTON MA 02210-2021	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MONAHON, J. GRANT	
STREET ADDRESS	68 SNAKE HILL ROAD	
CITY-ST-ZIP	BELMONT MA 02178	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTIN, JONATHAN	
STREET ADDRESS	TWO SEAPORT LANE	
CITY-ST-ZIP	BOSTON MA 02210-2021	
TITLE	V	<input type="checkbox"/> Delete
NAME	FINNEGAN, JAMES	
STREET ADDRESS	TWO SEAPORT LANE	
CITY-ST-ZIP	BOSTON MA 02210-2021	
TITLE	AC	<input type="checkbox"/> Delete
NAME	ALBANESE, WILLIAM	
STREET ADDRESS	TWO SEAPORT LANE	
CITY-ST-ZIP	BOSTON MA 02210-2021	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BURLEIGH, ALEC	
STREET ADDRESS	TWO SEAPORT LANE	
CITY-ST-ZIP	BOSTON MA 02210-2021	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Susan E. Bouchard* 8/15/03 (617) 261-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)