


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90205 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38743

1. Corporation Name
EASTRICH NO. 90 CORPORATION

Principal Place of Business % ALDRICH, EASTMAN & WALTCH, L.P. 225 FRANKLIN STREET BOSTON MA 02110	Mailing Address % ALDRICH, EASTMAN & WALTCH, L.P. 225 FRANKLIN STREET BOSTON MA 02110
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified 05/11/1992	
4. FEI Number 04-3148139	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBERTSON, MARK A	1.2 NAME	Gifford, Robert G
STREET ADDRESS	267 KING CAESAR RD.	1.3 STREET ADDRESS	41 Oxford Road
CITY-ST-ZIP	DUXBURY MA 02332	1.4 CITY-ST-ZIP	Newton Centre, MA 02459
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONAHON, J. GRANT	2.2 NAME	
STREET ADDRESS	68 SNAKE HILL ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELMONT MA 02178	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAGERLUND, KARIN	3.2 NAME	
STREET ADDRESS	225 FRANKLIN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT, THOMAS K.	4.2 NAME	
STREET ADDRESS	176 OCEAN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN MA 01902	4.4 CITY-ST-ZIP	
TITLE	AC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARDI, ARLEEN M	5.2 NAME	
STREET ADDRESS	22 WESTVALE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON MA 02186	5.4 CITY-ST-ZIP	
TITLE	AC <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARDI, ARLEEN M	6.2 NAME	
STREET ADDRESS	22 WESTVALE RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON MA 02186	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/15/99 Daytime Phone # _____

CR2E034 (11/98)