

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38743

1. Entity Name

EASTRICH NO. 90 CORPORATION

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90041 032 ***550.00

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 02110-2804
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 _____

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. 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, 2000 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		
TITLE	P	<input type="checkbox"/> Delete
NAME	GIFFORD, ROBERT G	
STREET ADDRESS	41 OXFORD RD	
CITY-ST-ZIP	NEWTON CENTRE MA 02159	
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	LAGERLUND, KARIN	
STREET ADDRESS	225 FRANKLIN ST.	
CITY-ST-ZIP	BOSTON MA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALBERT, THOMAS K.	
STREET ADDRESS	176 OCEAN STREET	
CITY-ST-ZIP	LYNN MA 01902	
TITLE	AC	<input type="checkbox"/> Delete
NAME	BERNARDI, ARLEEN M	
STREET ADDRESS	22 WESTVALE RD.	
CITY-ST-ZIP	MILTON MA 02186	
TITLE	AC	<input type="checkbox"/> Delete
NAME	BERNARDI, ARLEEN M	
STREET ADDRESS	22 WESTVALE RD.	
CITY-ST-ZIP	MILTON MA 02186	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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		
CITY-ST-ZIP		
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		
CITY-ST-ZIP		

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: SIGNATURE REQUIRED **5/24/00** Date Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F034 (9/99)