

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90017 029 ***550.00

0104987 AT

DOCUMENT # P38743

1. Entity 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**

2. Principal Place of Business

AEW CAPITAL MGMT, L.P.

Suite, Apt. #, etc.

TWO SEAPORT LANE

City & State

Boston, MA

Zip

02210-3021

Country

3. Mailing Address

AEW CAPITAL MGMT, LP

Suite, Apt. #, etc.

TWO SEAPORT LANE

City & State

Boston, MA

Zip

02210-3021

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3148139

Applied For

Not Applicable

5. Certificate of Status Desired

\$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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P GIFFORD, ROBERT G 41 OXFORD RD NEWTON CENTRE MA 02159	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONAHAN, J. GRANT 68 SNAKE HILL ROAD BELMONT MA 02178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAGERLUND, KARIN 225 FRANKLIN ST. BOSTON MA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALBERT, THOMAS K. 178 OCEAN STREET LYNN MA 01902	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC BERNARDI, ARLEEN M 22 WESTVALE RD. MILTON MA 02188	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC BERNARDI, ARLEEN M 22 WESTVALE RD. MILTON MA 02188	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANIEL J. BRADLEY TWO SEAPORT LANE BOSTON, MA 02210-3021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALEX BURLEIGH TWO SEAPORT LANE BOSTON, MA 02210-3021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONATHAN MARTIN TWO SEAPORT LANE BOSTON, MA 02210-3021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JAMES FINNEGAN TWO SEAPORT LANE BOSTON, MA 02210-3021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC William Albanese TWO SEAPORT LANE BOSTON, MA 02210-3021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/13/01

Date

Daytime Phone #

CR2E034 (5/01)