

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90024 024 ***150.00

DOCUMENT # P34379

1. Entity Name
NEPSA PROPERTY INVESTORS, INC.



Principal Place of Business
**380 UNION STREET
STE 300
WEST SPRINGFIELD, MA 01089**

Mailing Address
**380 UNION STREET
STE 300
WEST SPRINGFIELD, MA 01089**

DO NOT WRITE IN THIS SPACE



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3095407

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
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRINSPOON, STEVEN 255 WESTERLY RD WELLESLEY, MA 02103 02443
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANTHONY, FRED 150 ASHFORD ROAD LONGMEADOW, MA 01106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC GRINSPOON, HAROLD 172 CRESTVIEW CIR LONGMEADOW, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GABERMAN, RICHARD M. 217 ARDSLEY ROAD LONGMEADOW, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAVA, JEREMY 258 WASHINGTON BLVD. SPRINGFIELD, MA 01108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04

Date

413-781-0712

Daytime Phone #