

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

550.00
FILED
Aug 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000001480

1. Entity Name

KESTREL MANAGEMENT CORP.



Principal Place of Business

**BULFINCH PLACE STE 500
PO BOX 9507
BOSTON, MA 02114-9507**

Mailing Address

**BULFINCH PLACE STE 500
PO BOX 9507
BOSTON, MA 02114-9507**

DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number

22-3715650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 resigning)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCEO
NAME ASHNER, MICHAEL
STREET ADDRESS 7 BULFINCH PLACE STE 500 PO BOX 9507
CITY-ST-ZIP BOSTON, MA 021149507

TITLE VAS
NAME BRAVERMAN, PETER
STREET ADDRESS 7 BULFINCH PLACE STE 500
CITY-ST-ZIP BOSTON, MA 021149507

TITLE VT
NAME STALES, TOM
STREET ADDRESS 7 BULFINCH PLACE STE 500 PO BOX 9507
CITY-ST-ZIP BOSTON, MA 021149507

TITLE S
NAME TIFFANY, CAROLYN
STREET ADDRESS 7 BULFINCH PLACE STE 500 PO BOX 9507
CITY-ST-ZIP BOSTON, MA 021149507

TITLE V
NAME SMITH, MARK
STREET ADDRESS 7 BULFINCH PLACE STE 500 PO BOX 9507
CITY-ST-ZIP BOSTON, MA 021149507

TITLE AS
NAME FORRESTER, ALLISON
STREET ADDRESS BULFINCH PLACE STE 500
CITY-ST-ZIP BOSTON, MA 021149507

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08/16/04-80009-002 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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

Date

Daytime Phone #

Asst Secy

8/11/04 516
822 0022