

2001 UNIFORM BUSINESS REPORT (UBR)

0015507 AF

DOCUMENT # B98000000055

1. Entity Name

TRIUMPH III INVESTORS, L.P.

FILED *WR 5/10*

01 APR 27 AM 10:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**C/O THE CORPORATION TRUST COMPANY
1209 ORANGE STREET, CORPORATION TRUST CEN.
WILMINGTON DE 19801**

Mailing Address
**28 STATE STREET, 37TH FLOOR
BOSTON MA 02109**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-3382395**
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. (NOT) Registered Agent signature required when reinstating. DATE

9. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **F97000006237**
NAME **TRIUMPH III INVESTORS, INC.**
STREET ADDRESS **28 STATE STREET, 37TH FLOOR**
CITY-ST-ZIP **BOSTON MA 02109**

STREET ADDRESS
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STREET ADDRESS **300004217023--0**
CITY-ST-ZIP **-05/15/01--01060--026**
******150.00 ****150.00**

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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 report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/24/01** Daytime Phone # **(617) 557-6000**

CR2E003 (11/00)