

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 10, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # F00000000740**

1. Entity Name  
**AALP, INC.**



Principal Place of Business  
**55 CAMBRIDGE PARKWAY  
SUITE 200  
CAMBRIDGE, MA 02142**

Mailing Address  
**55 CAMBRIDGE PARKWAY  
SUITE 200  
CAMBRIDGE, MA 02142**

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**04-3156474**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee 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 re-registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	PT GLINSKI, PAUL 5 BIRDSALL LANE ATKINSON, NH 03811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATZKIN, JOSEPH H 101 ARCH STREET, 9TH FLOOR BOSTON, MA 02110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'DONNELL, JOSEPH 15 CLAIREMONT RD. BELMONT, MA 02178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWELL, MATTHEW 545 BOYLSTON ST. BOSTON, MA 02116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000176622  
01/11/05-80004-013 150.00

**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

1/05/05

Date

617-499-2700

Daytime Phone #