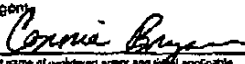
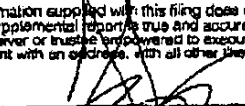


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA2006 FOR PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # F04000006313			
1. Entity Name KPERs REALTY HOLDING #39, INC.			
Principal Place of Business 515 SOUTH KANSAS AVENUE TOPEKA, KS 66603		Mailing Address TWO SEAPORT LANE C/O AEW CAPITAL MANAGEMENT BOSTON, MA 02210	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 58-2580988		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE	
Signature, typed or printed name of registered agent and title applicable		(NOTE: Registered Agent of questions required unless indicated)	
FILE NOW!!! FEE IS \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	TITLE	
NAME	BRADLEY, DANIEL J	NAME	
STREET ADDRESS	TWO SEAPORT LANE	STREET ADDRESS	
CITY- ST- ZIP	BOSTON, MA 02210	CITY- ST- ZIP	
TITLE	DS	TITLE	
NAME	FINNEGAN, JAMES L J	NAME	
STREET ADDRESS	TWO SEAPORT LANE	STREET ADDRESS	
CITY- ST- ZIP	BOSTON, MA 02210	CITY- ST- ZIP	
TITLE	DV	TITLE	
NAME	HERBSTAN, PAMELA J	NAME	
STREET ADDRESS	TWO SEAPORT LANE	STREET ADDRESS	
CITY- ST- ZIP	BOSTON, MA 02210	CITY- ST- ZIP	
TITLE	V	TITLE	
NAME	BURLEIGH, ALEC D	NAME	
STREET ADDRESS	TWO SEAPORT LANE	STREET ADDRESS	
CITY- ST- ZIP	BOSTON, MA 02210	CITY- ST- ZIP	
TITLE	V	TITLE	
NAME	MULLAHEY, THOMAS E	NAME	
STREET ADDRESS	TWO SEAPORT LANE	STREET ADDRESS	
CITY- ST- ZIP	BOSTON, MA 02210	CITY- ST- ZIP	
TITLE	V	TITLE	
NAME	PLUMS, ROBERT J	NAME	
STREET ADDRESS	TWO SEAPORT LANE	STREET ADDRESS	
CITY- ST- ZIP	BOSTON, MA 02210	CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 statement with an address, with all other the empowered.			
SIGNATURE: 		4/18/06 (617-2161-9002)	
SIGNATURE AND TITLE OF REGISTERED AGENT OR AGENT OF RECORD		Date	

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

KPERS REALTY HOLDING #39, INC.

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