

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mayhew
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 25 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004830 (6)

1. Corporation Name

KGP-1 INCORPORATED

Principal Place of Business

470 ATLANTIC AVENUE - SUITE 1300
BOSTON MA 02210

Mailing Address

470 ATLANTIC AVENUE - SUITE 1300
BOSTON MA 02210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

04-2962324

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person named in 9. Registered agent and 10. Registered agent (Signature of Registered Agent required on this form)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	KRUPP, DOUGLAS
STREET ADDRESS	470 ATLANTIC AVENUE
CITY, ST, ZIP	BOSTON MA
TITLE	CD
NAME	KRUPP, GEORGE
STREET ADDRESS	470 ATLANTIC AVENUE
CITY, ST, ZIP	BOSTON MA
TITLE	P
NAME	GERBER, LAURENCE
STREET ADDRESS	470 ATLANTIC AVENUE
CITY, ST, ZIP	BOSTON MA
TITLE	V
NAME	APESECHE, FRANK
STREET ADDRESS	470 ATLANTIC AVENUE
CITY, ST, ZIP	BOSTON MA
TITLE	S
NAME	MOSKOWITZ, DAVID
STREET ADDRESS	470 ATLANTIC AVENUE
CITY, ST, ZIP	BOSTON MA
TITLE	T
NAME	BARROWS, ROBERT
STREET ADDRESS	470 ATLANTIC AVENUE
CITY, ST, ZIP	BOSTON MA

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

Robert Barrows

Robert Barrows

4/21/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Page 8