

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90013 046 ***150.00

0571.3 AT

DOCUMENT # F93000004830

1. Entity Name
KGP-1 INCORPORATED



Principal Place of Business
ONE BEACON STREET, SUITE 1500
TAX DEPT.
BOSTON MA 02108

Mailing Address
ONE BEACON STREET, SUITE 1500
TAX DEPT.
BOSTON MA 02108



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-2962324

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

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **APESACHE, FRANK**
 CITY-ST-ZIP **ONE BEACON STREET, SUITE 1500**
BOSTON MA 02108

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Krupp, Douglas**
 CITY-ST-ZIP **One Beacon St. Suite 1500**
Boston, MA 02108

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **KRUPP, GEORGE**
 CITY-ST-ZIP **ONE BEACON STREET, SUITE 1500**
BOSTON MA 02108

TITLE ☒ Change ☐ Addition
 NAME **Director (D)**
 STREET ADDRESS **Krupp, George**
 CITY-ST-ZIP **(Title Change)**

TITLE ☐ Delete
 NAME **AT**
 STREET ADDRESS **UMANZIO, CLARIE F**
 CITY-ST-ZIP **ONE BEACON STREET, SUITE 1500**
BOSTON MA 02108

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **SPELFOGEL, SCOTT D**
 CITY-ST-ZIP **ONE BEACON STREET, SUITE 1500**
BOSTON MA 02108

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **QUADE, DAVID**
 CITY-ST-ZIP **ONE BEACON STREET, SUITE 1500**
BOSTON MA 02108

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Claire F. Umanzio**
Asst. Treasurer

JAN 11 2002 617-573-7722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)