

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2005 08:00 AM
Secretary of State

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



01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-2962324

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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 reinstating)

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 P
NAME APESECHE, FRANK
STREET ADDRESS ONE BEACON STREET, SUITE 1500
CITY-ST-ZIP BOSTON, MA 02108

TITLE D
NAME KRUPP, GEORGE
STREET ADDRESS ONE BEACON ST., SUITE 1400
CITY-ST-ZIP BOSTON, MA 02108

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

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

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

TITLE D
NAME KRUPP, DOUGLAS
STREET ADDRESS ONE BEACON ST SUITE 1500
CITY-ST-ZIP BOSTON, MA 02108

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02/09/05-80055-022 150.00

**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)(f), 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

Claire F. Umanzio
Asst. Treasurer

FEB 04 2005

Date

617-523-7725

Daytime Phone #