

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 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**



04212008 No Chg-P CR2E034 (11/05)

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000934813
05/23/08-80047-018 150.00

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BLOOM, MARY B
ONE BEACON STREET, SUITE 1500
BOSTON, MA 02108**

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

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

**DO NOT WRITE
IN THIS SPACE**

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 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

APR 28 2008

Date

617-523-7722

Daytime Phone #