


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000005074 1. Entity Name KGP-2 INCORPORATED	
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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
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01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-2962323	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KRUPP, DOUGLAS ONE BEACON STREET, SUITE 1500 BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KRUPP, GEORGE ONE BEACON ST STE 1400 BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P APESCHE, FRANK ONE BEACON STREET, SUITE 1500 BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT UMANZIO, CLAIRE ONE BEACON STREET, SUITE 1500 BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SPELFOGEL, SCOTT 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

U000000016262

01/28/04-80049-004 150.00

**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: _____

Claire F. Umanzio
Asst. Treasurer

JAN 26 2004

(617)-523-7722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #