


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000002275 1. Entity Name NEPSA 1996 PROPERTY INVESTORS, INC.	
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Principal Place of Business 380 UNION ST. WEST SPRINGFIELD, MA 01089	Mailing Address 380 UNION ST. WEST SPRINGFIELD, MA 01089
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DO NOT WRITE IN THIS SPACE



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3299242	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRINSPOON, HAROLD 172 CRESTVIEW CIRCLE LONGMEADOW, MA 01106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANTHONY, FRED 150 ASHFORD RD LONGMEADOW, MA 01106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAVA, JEREMY 40 RIVERVIEW TERRACE SPRINGFIELD, MA 01108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GABERMAN, RICHARD M 258 WASHINGTON BLVD. LONGMEADOW, MA 01106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRINSPOON, STEVEN 255 WESTERLY ROAD WESTON, MA 02195 02493
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000058349
02/20/04-80078-007 150.00

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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: _____ 2/16/04 413-781-0712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #