FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Jul 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # · F96000003665

1. Corporation Name
Keystone Properties GP, Inc.

Principal Place of Business	Mailing Address
260 LONG RIDGE ROAD **STAMFORD, CT 06927-9622**	**260 LONG RIDGE ROAD** **STAMFORD, CT 06927-9622**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 5-30-96
3a. Date of Last Report:
4. FEI Number: 06-1457888 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☐ Change ☐ Addition
TITLE	President		1.1 TITLE	Director	
NAME	Ronald R. Pressman		1.2 NAME	Ronald Pressman	
STREET ADDRESS	292 Long Ridge Rd		1.3 STREET ADDRESS	292 Long Ridge	
CITY-ST-ZIP	Stamford, CT 06905		1.4 CITY-ST-ZIP	Stamford, CT 06905	
TITLE	Vice President	☐ DELETE	2.1 TITLE	Director	☐ Change ☐ Addition
NAME	Michael J. Connolly		2.2 NAME	David B. Henry	
STREET ADDRESS	292 Long Ridge Road		2.3 STREET ADDRESS	292 Long Ridge Rd	
CITY-ST-ZIP	Stamford, CT 06905		2.4 CITY-ST-ZIP	Stamford, CT 06905	
TITLE	Secretary	☐ DELETE	3.1 TITLE	Director	☐ Change ☐ Addition
NAME	Jane S. Kerpon		3.2 NAME	Robert E. Pfeiffer	
STREET ADDRESS	292 Long Ridge Rd		3.3 STREET ADDRESS	292 Long Ridge Rd	
CITY-ST-ZIP	Stamford, CT 06905		3.4 CITY-ST-ZIP	Stamford, CT 06905	
TITLE	Treasurer	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Michael V. Pappagallo		4.2 NAME		
STREET ADDRESS	292 Long Ridge Rd		4.3 STREET ADDRESS		
CITY-ST-ZIP	Stamford, CT 06905		4.4 CITY-ST-ZIP		
TITLE	Vice President - Taxes	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Jeffrey L Hyde		5.2 NAME		
STREET ADDRESS	260 Long Ridge Rd		5.3 STREET ADDRESS		
CITY-ST-ZIP	Stamford, CT 06927-9622		5.4 CITY-ST-ZIP		
TITLE	Asst Treasurer - Taxes	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Gary J. Schulman		6.2 NAME	900002254549	
STREET ADDRESS	260 Long Ridge Rd		6.3 STREET ADDRESS	-08/01/97--01012--028	
CITY-ST-ZIP	Stamford CT 06927-9622		6.4 CITY-ST-ZIP	***550.00	

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary J Schulman Asst. Treasurer 7/25/97 203-357-4362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #