2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F96000003665

Entity Name: KEYSTONE PROPERTIES GP, INC.

FILED Apr 11, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
260 LONG RIDGE RD STAMFORD, CT 069279622				292 LONG RIDGE ROAD STAMFORD, CT 06927		
Current Mailing Address:				New Mailing Address:		
260 LONG RIDGE RD STAMFORD, CT 069279622				292 LONG RIDGE ROAD STAMFORD, CT 06927		
FEI Number:	FEI Number: 06-1457888 FEI Number Applied For() FEI N			mber Not Applicable () Certificate of Status Desired (X)		
Name and Address of Current Registered Agent: Name					Address of N	ew Registered Agent:
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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.						
SIGNATURE:						
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS						
Title: Name: Address: City-St-Zip:	PD () PFEIFFER, ROB 292 LONG RIDG STAMFORD, CT	RT RD		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	D () HENRY, DAVID B 292 LONG RIDG STAMFORD, CT	E RD		Title: Name: Address: City-St-Zip:	VP (X) SACCO, BRIAN 600 SUMMER S STAMFORD, CT	
Title: Name: Address: City-St-Zip:	VP () Delete WHEELESS, BRUCE 292 LONG RIDGE RD STAMFORD, CT 06927			Title: Name: Address: City-St-Zip:	T (X) KOENIGSBERG 292 LONG RIDG STAMFORD, CT	SE RD
Title: Name: Address: City-St-Zip:	ATT () I AMATO, JOHN 777 LONG RIDG STAMFORD, CT			Title: Name: Address: City-St-Zip:	S (X) ALPERT, JANE 292 LONG RIDG STAMFORD, CT	SE ROAD
Title: Name: Address: City-St-Zip:	T () PAPPAGALLO, N 292 LONG RIDG STAMFORD, CT	E RD		Title: Name: Address: City-St-Zip:	AS (X) RYAN, NORA D 292 LONG RIDG STAMFORD, CT	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORA D. RYAN AS 04/11/2003