

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F97000001084 (9)

1. Corporation Name

KNICKERBOCKER PROPERTIES, INC. XI

Principal Place of Business

% CABOT PARTNERS
TWO CENTER PLAZA
BOSTON MA 02108

Mailing Address

% CABOT PARTNERS
TWO CENTER PLAZA
BOSTON MA 02108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1997

4. FEI Number

04-3248950

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 % Cabot Advisors, Inc.

Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 % Cabot Advisors, Inc.

Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

C T 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D CAMPBELL, JAMES
STREET ADDRESS 10 CORPORATE WOODS DR.
CITY-ST-ZIP ALBANY NY 12211

TITLE ☐ DELETE

NAME D SCHNEIDER, WAYNE
STREET ADDRESS 10 CORPORATE WOODS DR.
CITY-ST-ZIP ALBANY NY 12211

TITLE ☐ DELETE

NAME D PHILIP, GEORGE
STREET ADDRESS 10 CORPORATE WOODS DR.
CITY-ST-ZIP ALBANY NY 12211

TITLE ☐ DELETE

NAME P COLLOREDO-MANSFELD, FERDINAND
STREET ADDRESS % CABOT PARTNERS, TWO CENTER PLAZA
CITY-ST-ZIP BOSTON MA 02108

TITLE ☒ DELETE

NAME V ANGLAND, ROBERT M
STREET ADDRESS % CABOT PARTNERS, TWO CENTER PLAZA
CITY-ST-ZIP BOSTON MA 02108

TITLE ☐ DELETE

NAME V EBBOTT, ANDREW D
STREET ADDRESS % CABOT PARTNERS, TWO CENTER PLAZA
CITY-ST-ZIP BOSTON MA 02108

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

Sandra B. Mortham

4/9/98

6/7-723-0900

CR2E034 (10/97)