


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97000002164</b> 1. Entity Name NEPSA 1997 PROPERTY INVESTORS, INC.	
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01302004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3352392	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**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 \_\_\_\_\_

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

000000061328  
02/23/04-80075-018 150.00

**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 258 WASHINGTON BLVD SPRINGFIELD, MA 01108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GABERMAN, RICHARD M 217 ARDSLEY ROAD LONGMEADOW, MA 01106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRINSPOON, STEVEN 255 WESTERLY ROAD WESTON, MA 02493 02493
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/04  
Date

413-781-0712  
Daytime Phone #