

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

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15375

1. Corporation Name
THE KRUPP CORPORATION

Principal Place of Business

470 ATLANTIC AVENUE
BOSTON MA 02210

Mailing Address

470 ATLANTIC AVENUE
BOSTON MA 02210

2. Principal Place of Business

21 One Beacon Street
Suite, Apt. #, etc.

22 Suite 1500, Tax Dept.
City & State

23 Boston, MA

24 Zip 02108

25 Country

2a. Mailing Address

26 One Beacon Street
Suite, Apt. #, etc.

27 Suite 1500 Tax Dept.
City & State

28 Boston, MA

29 Zip 02108

30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

3. Date Incorporated or Qualified

07/28/1987

4. FEI Number

04-2707524

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 the current year Intangible
Personal Property Tax

[]

Yes

[]

No

10. Name and Address of New Registered Agent

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



99 MAR 15 AM 10: 04

FILED

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P [] DELETE

NAME KRUPP, DOUGLAS
STREET ADDRESS 470 ATLANTIC AVENUE
CITY-ST-ZIP BOSTON MA 02210

TITLE T [] DELETE

NAME ZARONZY, WAYNEO
STREET ADDRESS 470 ATLANTIC AV
CITY-ST-ZIP BOSTON MA 02210

TITLE D [] DELETE

NAME KRUPP, GEORGE
STREET ADDRESS 470 ATLANTIC AVENUE
CITY-ST-ZIP BOSTON MA

TITLE D [] DELETE

NAME KRUPP, DOUGLAS
STREET ADDRESS 470 ATLANTIC AVENUE
CITY-ST-ZIP BOSTON MA

TITLE AT [] DELETE

NAME UMANZIO, CLAIRE
STREET ADDRESS 470 ATLANTIC AVENUE
CITY-ST-ZIP BOSTON MA

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

P [X] Change [] Addition

11 TITLE
12 NAME One Beacon Street, Suite 1500
13 STREET ADDRESS Boston, MA 02108
14 CITY-ST-ZIP

21 TITLE [X] Change [] Addition

22 NAME David Quade
23 STREET ADDRESS One Beacon Street, Suite 1500
24 CITY-ST-ZIP Boston, MA 02108

31 TITLE [X] Change [] Addition

32 NAME
33 STREET ADDRESS One Beacon Street, Suite 1500
34 CITY-ST-ZIP Boston, MA 02108

41 TITLE [X] Change [] Addition

42 NAME
43 STREET ADDRESS One Beacon Street, Suite 1500
44 CITY-ST-ZIP Boston, MA 02108

51 TITLE [X] Change [] Addition

52 NAME
53 STREET ADDRESS One Beacon Street, Suite 1500
54 CITY-ST-ZIP Boston, MA 02108

61 TITLE [] Change [] Addition

62 NAME
63 STREET ADDRESS
64 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)(b), 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)