

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90013 047 ***150.00

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DOCUMENT # P15375

1. Entity Name
THE KRUPP CORPORATION ✓

Principal Place of Business Mailing Address

ONE BEACON STREET, SUITE 1500 **ONE BEACON STREET, SUITE 1500**
TAX DEPT. **TAX DEPT.**
BOSTON MA 02108 **BOSTON MA 02108**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For

04-2707524 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME	T QUADE, DAVE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	ONE BEACON STREET, SUITE 1500	
CITY-ST-ZIP	BOSTON MA 02108	
TITLE NAME	D KRUPP, GEORGE	<input type="checkbox"/> Delete
STREET ADDRESS	ONE BEACON STREET, SUITE 1500	
CITY-ST-ZIP	BOSTON MA 02108	
TITLE NAME	D KRUPP, DOUGLAS	<input type="checkbox"/> Delete
STREET ADDRESS	ONE BEACON STREET, SUITE 1500	
CITY-ST-ZIP	BOSTON MA 02108	
TITLE NAME	AT UMANZIO, CLAIRE	<input type="checkbox"/> Delete
STREET ADDRESS	ONE BEACON STREET, SUITE 1500	
CITY-ST-ZIP	BOSTON MA 02108	
TITLE NAME	P APESECHE, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS	ONE BEACON STREET SUITE 1500	
CITY-ST-ZIP	BOSTON MA 02108	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	David Quade	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	(Name Correction)	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Claire F. Umanzio **Asst. Treasurer** **JAN 11 2002** **617-523-7722**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)