


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P15375 1. Entity Name THE KRUPP CORPORATION			
Principal Place of Business ONE BEACON STREET, SUITE 1500 TAX DEPT. BOSTON, MA 02108		Mailing Address ONE BEACON STREET, SUITE 1500 TAX DEPT. BOSTON, MA 02108	
DO NOT WRITE IN THIS SPACE			
			
		01082004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 04-2707524	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$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			
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T QUADE, DAVID ONE BEACON STREET, SUITE 1500 BOSTON, MA 02108		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRUPP, GEORGE ONE BEACON ST STE 1400 BOSTON, MA 02108		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRUPP, DOUGLAS ONE BEACON STREET, SUITE 1500 BOSTON, MA 02108		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT UMANZIO, CLAIRE ONE BEACON STREET, SUITE 1500 BOSTON, MA 02108		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P APESECHE, FRANK ONE BEACON STREET SUITE 1500 BOSTON, MA 02108		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: 		Claire F. Umancio Asst. Treasurer	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		JAN 26 2004 613-523-7722 Date Daytime Phone #	