


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 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

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

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
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10. OFFICERS AND DIRECTORS

TITILE	T
NAME	QUADE, DAVID
STREET ADDRESS	ONE BEACON STREET, SUITE 1500
CITY- ST- ZIP	BOSTON, MA 02108
TITILE	D
NAME	KRUPP, GEORGE
STREET ADDRESS	ONE BEACON ST STE 1400
CITY- ST- ZIP	BOSTON, MA 02108
TITILE	D
NAME	KRUPP, DOUGLAS
STREET ADDRESS	ONE BEACON STREET, SUITE 1500
CITY- ST- ZIP	BOSTON, MA 02108
TITILE	AT
NAME	UMANZIO, CLAIRE
STREET ADDRESS	ONE BEACON STREET, SUITE 1500
CITY- ST- ZIP	BOSTON, MA 02108
TITILE	P
NAME	APESECHE, FRANK
STREET ADDRESS	ONE BEACON STREET SUITE 1500
CITY- ST- ZIP	BOSTON, MA 02108
TITILE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 01/28/04-80079-014 150.00

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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. Umanzio** **Asst. Treasurer** **JAN 26 2004** **613-523-7722**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #