


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 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**



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number **04-2707524** Applied For  Not Applicable

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**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	

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 02/09/05-80055-023 150.00

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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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Claire F. Umanzio** **Asst. Treasurer** **FEB 04 2005** **617-523-7722**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #