

**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**



01312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	

1100000222004  
02/09/05-80055-023 150.00

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IN THIS SPACE**

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 #