2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P15375

THE KRUPP CORPORATION

									
Principal Place of Business ONE BEACON STREET. SUITE 1500		Mailing Address ONE BEACON STREET. SUITE 1500							
TAX DEPT.		TAX DEPT.		1					
BOSTON MA	02108	BOSTON MA 02108		1	E INNERONAL DE CENTRO ARIDA FRANCIANDA	BOO BURN BURN	Alan Sibil a	MATE BUREU FRAN	
				1					
2 Principal F	Place of Business	3. Mailing Address			! !##! ##! ## ## ## }	Dill Bibli Bibl	BILLY BILLY	IDIA BHUHI AUBI	
2. Filliopal Frace of Business		3. Maining Address		i					
Cuito Ant		C.::- A #							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Ctato		000			A FELAL FOR				
City & State		City & State		4. 1	El Number 04-2707524			plied For	
								t Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired		8.75 Add		
					·		e Require	a	
	6. Name and Address of Current Re	gistered Agent		7. <u> </u>	Name and Address of New Re	istered Ag	ent		
			Name	Name					
THE PRE	NTICE-HALL CORPORATION SYSTEM	A INC.	Street Address		(P.O. Box Number is Not Acceptable)				
1201 HAY	'S STREET		Street Address (P.		ox number is inot Acceptable)				
SUITE 10			<u> </u>						
	SSEE FL 32301		L						
IALLAHA	55EE FL 32301		City			FL	Zip Code	• 	
									
	enamed entity submits this statement for talens of registered agent.	he purpose of changing its r	egistered office or rec	gistered ag	ent, or both, in the State of Flori	da. I am far	niliar with,	and accept	
me opligat	ions of registered agent.							}	
SIGNATURE .								}	
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signature re	equired when re	instating)	DATE			
	TE NOW EET 10 ACC 40								
FILE NOW!!! FEE IS \$150.00					9. Election Campaign Final	ncing	\$5.0	O May Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of					Trust Fund Contribution.			to Fees	
Make Check	R Payable to Florida Department of S	ciate							
10.	OFFICERS AND DI	RECTORS	11.	AD	DITIONS/CHANGES TO OFFIC	ERS AND D	IRECTORS	3 IN 11	
TITLE] T	☐ Delete	TITLE	2-3-4	O	X	X Change	☐ Addition	
NAME	QUADE, DAVIE		NAME DE	avid (Quade			(
STREET ADDRESS	ONE BEACON STREET, SUITE 150	0	STREET ADDRESS						
CITY-ST-ZIP	BOSTON MA 02108		CITY-ST-ZIP						
TITLE	D	☐ Delete	TITLE			- ZF	★ Change	☐ Addition	
NAME .	KRUPP, GEORGE	□1 Delete	NAME			L	A CHAINGE	_ ////////	
STREET ADDRESS	ONE BEACON STREET, SUITE 150	n		ne R	eacon Streetm	Suite	1400) [
CITY-ST-ZIP	BOSTON MA 02108	•	CITY-ST-ZIP)IIC D	accor berecay				
0111-91-717	<u> </u>		0111-91-71L						
TITLE							☐ Change	Addition (
	D DOLLOU AS	☐ Delete	TITLE				_ Change		
NAME	KRUPP, DOUGLAS		NAME				_ Change		
NAME STREET ADDRESS	KRUPP, DOUGLAS ONE BEACON STREET, SUITE 150		NAME STREET ADDRESS			Г	_ Change		
NAME	KRUPP, DOUGLAS		NAME				change		
NAME STREET ADDRESS	KRUPP, DOUGLAS ONE BEACON STREET, SUITE 150	0	NAME STREET ADDRESS				Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	KRUPP, DOUGLAS ONE BEACON STREET, SUITE 150 BOSTON MA 02108		NAME STREET ADDRESS CITY-ST-ZIP	,				☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	KRUPP, DOUGLAS ONE BEACON STREET, SUITE 150 BOSTON MA 02108	O □ Delete	NAME STREET ADDRESS CITY-ST-ZIP					Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	KRUPP, DOUGLAS ONE BEACON STREET, SUITE 150 BOSTON MA 02108 AT UMANZIO, CLAIRE	O □ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	,				Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	KRUPP, DOUGLAS ONE BEACON STREET, SUITE 150 BOSTON MA 02108 AT UMANZIO, CLAIRE ONE BEACON STREET, SUITE 150 BOSTON MA 02108	O Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			[] Change		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	KRUPP, DOUGLAS ONE BEACON STREET, SUITE 150 BOSTON MA 02108 AT UMANZIO, CLAIRE ONE BEACON STREET, SUITE 150 BOSTON MA 02108 P	O □ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			[☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	KRUPP, DOUGLAS ONE BEACON STREET, SUITE 150 BOSTON MA 02108 AT UMANZIO, CLAIRE ONE BEACON STREET, SUITE 150 BOSTON MA 02108	O Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			[] Change		

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 supplied entail leport 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 of trust elempowered 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.

Claire F. Umanzio

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE SOUTRED ASSL Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

Delete

JAN 21 2003

(17-523-7772

Change

☐ Addition

Daytime Phone #

FILED

Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90185 003 ***150.00