FILL HULL FILING FLE AFTEN . AT I TO \$000.00

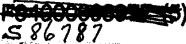
^ PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #



FILED Mar 11 1997 8:00am Secretary of State

0000172

RALP		87						
		THE PARTY	0.00		CALLED F			
Orincinal Plac	e of Business	Mailing Address					-1100011	
					en en alla della d		ļ	,,
	OUTH STREET	4TH FLOOR	129 SOUTH STREET					
4TH F		BOSTON, MA 02111						
BOSTO	N, MA 02111	BOSION, MA UZ	111			3. Date Incorporated or Qualified 3a, Date 10/07/1991	of Last R L / 26/9	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		oplied For
21		26				04-3134814		ol Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
City & State	6	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip.	Country	Ζιρ	Cou	intry	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for intangible ta	x under s	. 199.032,
24	25	29	30			Florida Statutes Yes		
	9. Name and Address of Curre	nt Registered Agent		81		10. Name and Address of New Registered Ag	ent	
TAMES	KEARN			"	Name			
	IVE OAK AVENUE		82 Street Addre			ss (P.O. Box Number is Not Acceptable)		
	NA BEACH, FL 32114			83				
				84	City		85 Zip	Code
<u> </u>	40	00 003 1500 51 0		Щ		FL		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.								
		ations of Section 607.0505, F	lorida Stat	tutes.		/2/2/	6-	
SIGNATURE	Signary typed or printed name of registered ag	eni shi bila il sombcable (110	TF Repisteres	d Apeni	I signature required	when remains not	Z/_	
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS CHANGES TO CREICERS AND D	HRECTOF	13 Tr 12
TITLE	PTS	☐ DELETE	1.1 Ti	TLE			Change	Addition
NAME	KRUPP, PAUL		1.2 N	AMÉ				
STREET ADDRESS	108 EDMUNDS ROAD		1.3 \$1	TREET A	UDORESS			
CITY-ST-ZIP	WELLESLEY, MA	[] of the		TY-ST-	- ZIP		Tobana	T T Addition
TIFLE	AS VENNERU	☐ DELETE	2.1 77		}	Ĺ	Change	Addition
NAME	KORB, KENNETH 100 CHARLES RIVER	DI A 7 A	22 N		LDDRESS			
STREET ADDRESS		r laga	8	HEEL A				
CITY-ST-ZIP TITLE	BOSTON MA	LJ DELETE	3.1 7/		1-211		Change	Addition
NAME	BRANT, RODERICK		324		1			
STREET ADDRESS	40 BOW ROAD		3.35	TREET A	NOORESS			
CITY-ST-ZIP	-WAYLAND MA		3.4.0	HY-\$1	1- ZIP			
TITLE		DELETE	4.170	TLE			Change	☐ Addition
NAME			4.2 N	IAME	ļ			
STREET ADDRESS			4.3 \$1	TREET	LODRESS			
CITY - ST - ZIP				ITY-ST	- ZIP		Change	1 44500
TITLE		DELETE	5.1 7		ļ	L.	T rusinge	Addition
NAME OFFICE LOGGERS			5.2 N		1000556			
STREET ADDRESS			1		ADDRESS			
CHTY-ST-ZIP TITLE		DELETE	5.4 C	ITY - ST	- 602		Change	Addition
NAME			6.2 N		1	800002111018 -03/12/9701011048	~ * *	
STREET ADDRESS			- 1		ADORESS	-03/12/9/01011048		
CITY-ST-2P			640	HY-ST	-ZIP	***165.00		
14. I do here	by certify that the information supplied	ed with this filing does not qua	lify for the	ехел	notion stated	in Section 119.07(3)(i). Florida Statutes, I further o my signature shall have the same legal effect as il as required by Chapter 607. Florida Statutes; and	ertify that	Sen an
l am an c	of the corporation of	or the receiver or trustee empo	wered to	ØXBCI	ute this report	as required by Chapter 607, Florida Statutes; and	I that my	halfe 1121

Paul Krupp, President RALP Corporation

General Partner