


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90070 021 \*\*\*150.00

<b>DOCUMENT # F0000000740</b>	
1. Entity Name AALP, INC.	

Principal Place of Business 55 CAMBRIDGE PARKWAY SUITE 200 CAMBRIDGE, MA 02142	Mailing Address 55 CAMBRIDGE PARKWAY SUITE 200 CAMBRIDGE, MA 02142
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**DO NOT WRITE IN THIS SPACE**

01232004: No Chg-P CR2E034 (10/03)

4. FEI Number 04-3156474	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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 \_\_\_\_\_ 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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FELDMAN, GERALD Glinshi, Paul 545 BOYLSTON STREET 5 Birdsall Lane BOSTON, MA 02116 Atkinson, NH 03811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATZKIN, JOSEPH H 101 ARCH STREET, 9TH FLOOR BOSTON, MA 02110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'DONNELL, JOSEPH Glinshi, Paul 55 CAMBRIDGE PKWY, SUITE 200 5 Birdsall Lane CAMBRIDGE, MA 02142 Atkinson, NH 03811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'Donnell, Joseph 15 Clairemont Road Belmont, MA 02178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Newell, Matthew 545 Boylston Street Boston, MA 02116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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:  DATE: 1/23/04 DAYTIME PHONE #: 617-499-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR