2001 UNIFORM BUSINESS REPORT (UBR) May 03, 2001 8:00 am Secretary of State **DOCUMENT #838297** 1. Entity Name KIMZAY CORP. 05-03-2001 90057 035 ***150.00 Principal Place of Business Mailing Address KIMCO REALTY CORP. KIMCO REALTY CORP. P.O. BOX 5020 P.O. BOX 5020 NEW HYDE PARK NY 11042 NEW HYDE PARK NY 11042 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 00 Applied For City & State 4. FEI Number 13-2587863 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TIT) F Change ☐ Addition Delete COOPER, MILTON NAME NAME 3333 NEW HYDE PK. RD. 100 STREET ADDRESS STREET ADDRESS NEW HYDE PK NY 11042 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE KIMMEL, MARTIN NAME NAME 3333 NEW HYDE PK. RD. 100 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **NEW HYDE PK NY 11042** ☐ Addition ☐ Change TITLE ☐ Delete TITLE FLYNN, MIKE NAME NAME 3333 NEW HYDE PARK RD., P.O BOX 5020 STREET ADDRESS STREET ADDRESS NEW HYDE PK. NY 11042 CITY-ST-ZIP CITY-ST-ZIP **Addition** Change 🔀 Delete TITLE TITLE Cchen, Glenn WEISS, ALEX NAME NAME 3333 NEW HYDE PK. RD. 100 STREET ADDRESS STREET ADDRESS NEW HYDE PK. NY 11042 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Change Addition ☐ Delete TITLE PAPPAGALLO, MIKE NAME NAME 3333 NEW HYDE PK. RD. 100 STREET ADDRES STREET ADDRESS CITY-ST-ZIP **NEW HYDE PARK NY 11042** CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE KAUDERER, BRUCE NAME NAME 3333 NEW HYDE PK. RD. 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW HYDE PK. NY 11042

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF PED OR PRINTED NAME OF SIGNING OFFICER OR UNFECTORY

4/26/01

(516)869-9000

Daytime Phone #