

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90020 026 ***150.00

DOCUMENT # F98000000673

1. Entity Name
KING'S CROSSING REALTY CORP.

Principal Place of Business 600 CENTRAL AVENUE, SUITE 365 HIGHLAND PARK IL 60035-3257	Mailing Address 600 CENTRAL AVENUE, SUITE 365 HIGHLAND PARK IL 60035-3257
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A0041925



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 88-0384878		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FELNER, JAY 4182 LIVE OAK BLVD. DELRAY BEACH FL 33445				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PVCD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WAGNER, NATHAN			NAME			
STREET ADDRESS	600 CENTRAL AVENUE, SUITE 365			STREET ADDRESS			
CITY-ST-ZIP	HIGHLAND PARK IL 60035-3257			CITY-ST-ZIP			
TITLE	CVSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOLDMAN, ROBERT U			NAME			
STREET ADDRESS	600 CENTRAL AVENUE, SUITE 365			STREET ADDRESS			
CITY-ST-ZIP	HIGHLAND PARK IL 60035-3257			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WAGNER, SUSAN			NAME			
STREET ADDRESS	600 CENTRAL AVENUE, SUITE 365			STREET ADDRESS			
CITY-ST-ZIP	HIGHLAND PARK IL 60035-3257			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WAXMAN, CHARLES			NAME			
STREET ADDRESS	1695 LAKE COOK ROAD, APT. 229			STREET ADDRESS			
CITY-ST-ZIP	HIGHLAND PARK IL 60035			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHWARTZBERG, ALBERT			NAME			
STREET ADDRESS	50 MAIN STREET, 4TH FLOOR, SUITE 435			STREET ADDRESS			
CITY-ST-ZIP	WHITE PLAINS NY 10606			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FELNER, JAY			NAME			
STREET ADDRESS	4182 LIVE OAK BLVD.			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33445			CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Nathan Wagner President Date: 2/26/01 (847) 432-3666 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)