

2002 UNIFORM BUSINESS REPORT (UBR)

060643 AT

DOCUMENT # F98000000673

1. Entity Name
KING'S CROSSING REALTY CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -2 AM 10:43

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
88-0384878 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVCD WAGNER, NATHAN 600 CENTRAL AVENUE, SUITE 365 HIGHLAND PARK IL 60035-3257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVSD GOLDMAN, ROBERT U 600 CENTRAL AVENUE, SUITE 365 HIGHLAND PARK IL 60035-3257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WAGNER, SUSAN 600 CENTRAL AVENUE, SUITE 365 HIGHLAND PARK IL 60035-3257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAXMAN, CHARLES 1695 LAKE COOK ROAD, APT. 229 HIGHLAND PARK IL 60035	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZBERG, ALBERT 50 MAIN STREET, 4TH FLOOR, SUITE 435 WHITE PLAINS NY 10606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELNER, JAY 4182 LIVE OAK BLVD. DELRAY BEACH FL 33445	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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****150.00 ****150.00

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 an other like empowered.

SIGNATURE: *Nathan Wagner* **Nathan Wagner** 3/6/02 (847) 432-3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)