2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000673

FILED

03 APR 16 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
KING'S CROSSING REALTY CORP.

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 88-0384878 ☐ Applied For ☐ Not Applicable

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. 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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. 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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CVSD GOLDMAN, ROBERT U 600 CENTRAL AVENUE, SUITE 365 HIGHLAND PARK IL 60035-3257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400016106624 04/16/03--01037--002 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WAGNER, SUSAN 600 CENTRAL AVENUE, SUITE 365 HIGHLAND PARK IL 60035-3257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WAXMAN, CHARLES 1695 LAKE COOK ROAD, APT. 229 HIGHLAND PARK IL 60035	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWARTZBERG, ALBERT 50 MAIN STREET, 4TH FLOOR, SUITE 435 WHITE PLAINS NY 10606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FELNER, JAY 4182 LIVE OAK BLVD. DELRAY BEACH FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Robert U. Goldman 3/25/03 (847) 432-3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0650559 AT

CR2E034 (10/02)