2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED May 01, 2007 08:00 A Secretary of State DOCUMENT # P94000009087 KIMCO 120 O/P, INC. Principal Place of Business Mailing Address 3333 NW HYDE PARK RD KIMCO REALTY CORP. SUITE 100 P.O. BOX 5020 NEW HYDE PARK, NY 11042 NEW HYDE PARK, NY 11042 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0471149 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION, FL. 33324 City 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 Signature, typed or printed name of registered agent and little it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME SCHINDLER, MICHAEL NAME U00000750430 STREET ADDRESS 33333 NEW HYDE PK, RD SUITE 100 STREET ADDRESS 05/18/07-80063-006 150.00 CITY-ST-ZIP NEW HYDE PARK, NY 11042 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME COOPER, MILTON NAME STREET ADDRESS 3333 NEW HYDE PK. RD. SUITE 100 STREET ADDRESS NEW HYDE PARK, NY 11042 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME FLYNN, MIKE NAME STREET ADDRESS 3333 NEW HYDE PARK RD., P.O BOX 5020 STREET ADDRESS CITY - ST - ZIP NEW HYDE PARK, NY 11042 CITY-ST-ZIP **CFO** TITLE ☐ Delete TITLE Change ☐ Addition PAPPAGALLO, MIKE NAME NAME STREET ADDRESS 3333 NEW HYDE PK. RD. SUITE 100 STREET ADDRESS CITY-ST-ZIP NEW HYDE PARK, NY 11042 City-St-7iP TITLE Delete TITLE Change ☐ Addition NAME YARMAK, JOEL 1 NAME STREET ADDRESS 3333 NEW HYDE PARK RD. SUITE 100 STREET ADDRESS CITY-ST-ZIP NEW HYDE PARK, NY 11042 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME COHEN, GLENN NAME STREET ADDRESS 3333 NEW HYDE PARK RD. SUITE 100 STREET ADDRESS CITY-ST-ZIP NEW HYDE PARK, NY 11042 CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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