

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90313 037 \*\*\*150.00

**DOCUMENT # F03000001803**

1. Entity Name

THE PRICE REIT, INC.



Principal Place of Business

3333 NEW HYDE PARK ROAD  
NEW HYDE PARK NY 11042

Mailing Address

3333 NEW HYDE PARK ROAD  
NEW HYDE PARK NY 11042

**54046114**



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

11-3437944

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIMMEL, MARTIN S	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	CD	<input type="checkbox"/> Delete
NAME	COOPER, MILTON	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FLYNN, MICHAEL J	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KAUDERER, BRUCE M	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	VC	<input type="checkbox"/> Delete
NAME	HENRY, DAVID B	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	VT	<input type="checkbox"/> Delete
NAME	COHEN, GLENN G	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Schindler - VP	
STREET ADDRESS	same address	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #