

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003887

Entity Name: J.J. KANE ASSOCIATES, INC.**Current Principal Place of Business:**1000 LENOLA RD
BLDG 1 STE 203
MAPLE SHADE, NJ 08052**Current Mailing Address:**1000 LENOLA RD
BLDG 1 STE 203
MAPLE SHADE, NJ 08052 US**FEI Number:** 22-2948211**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC.
515 EAST PARK AVENUE
2ND FL
TALLAHASSEE, FL 32301 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title V
Name KANE, JOSEPH
Address 5 ARMY DRIVE
City-State-Zip: DELRAN NJ 08075Title T
Name RITCHIE, ALLEN W
Address 1000 LENOLA RD
BLDG 1 STE 203
City-State-Zip: MAPLE SHADE NJ 08052Title ASST. SECRETARY
Name MINIX, KIMBERLY
Address 1000 LENOLA RD
BLDG 1 STE 203
City-State-Zip: MAPLE SHADE NJ 08052Title SECRETARY
Name HUNTER, ROBERT D
Address 1000 LENOLA RD
BLDG 1 STE 203
City-State-Zip: MAPLE SHADE NJ 08052Title ASST. SECRETARY
Name WALTERS, JEREMY
Address 1000 LENOLA RD
BLDG 1 STE 203
City-State-Zip: MAPLE SHADE NJ 08052

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH KANE

VICE PRESIDENT

03/17/2020

Electronic Signature of Signing Officer/Director Detail_____
Date