

2000 UNIFORM BUSINESS REPORT (UBR)

000661

DOCUMENT # 819977

1. Entity Name
KIMCO DELAWARE INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 17 AM 9:48

Principal Place of Business KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PK NY 11042	Mailing Address KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PK NY 11042-0020
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 13-6115192		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete NAME COOPER, MILTON STREET ADDRESS 3333 NEW HYDE PK. RD. 100 CITY-ST-ZIP NEW HYDE PK. NY 11042		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	600003144756--2 -02/23/00--01064--003 ***2467.75 ****150.25
TITLE <input type="checkbox"/> Delete NAME KIMMEL, MARTIN STREET ADDRESS 3333 NEW HYDE PK. RD. 100 CITY-ST-ZIP NEW HYDE PK. NY 11042		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME FLYNN, MIKE STREET ADDRESS 3333 NEW HYDE PARK RD., P.O BOX 5020 CITY-ST-ZIP NEW HYDE PK. NY 11042		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME WEISS, ALEX STREET ADDRESS 3333 NEW HYDE PK. RD. 100 CITY-ST-ZIP NEW HYDE PK. NY 11042		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME PAPPAGALLO, MIKE STREET ADDRESS 3333 NEW HYDE PK. RD. 100 CITY-ST-ZIP NEW HYDE PK. NY 11042		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	PA 2/17
TITLE <input type="checkbox"/> Delete NAME KAUDERER, BRUCE STREET ADDRESS 3333 NEW HYDE PK. RD. 100 CITY-ST-ZIP NEW HYDE PK NY 11042		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	

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 reports 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 on Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mike Pappagallo **2/1/00** **(516)869-7238**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)