

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90263 017 ***150.00

DOCUMENT # 855470

1. Entity Name
KELLOGG PROPERTIES OF DELAWARE, INC.



Principal Place of Business
% KELLOGG PARTNERS
40 WEST 57TH STREET
NEW YORK, NY 10019

Mailing Address
% KELLOGG PARTNERS
40 WEST 57TH STREET
NEW YORK, NY 10019

44026104



2. Principal Place of Business

7 West 51st Street
Suite, Apt. #, etc.
5th Floor

3. Mailing Address

7 West 51st Street
Suite, Apt. #, etc.
5th Floor

04082004 Chg-P CR2E034 (10/03)

City & State

New York NY

City & State

New York NY

4. FEI Number

13-3088629

Applied For

Not Applicable

Zip Country
10019-6910

Zip Country
10019-6910

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEIGEL, DEEBBIE
KELLOGG PROPERTIES INC.
2515 SHADER RD. ST 5
ORLANDO, FL 32804

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KLEGER, DAVID S.
STREET ADDRESS 1165 PARK AVENUE
CITY-ST-ZIP NEW YORK, NY 10128

TITLE VSD ☐ Delete
NAME ALPERT, DAVID J.
STREET ADDRESS 10 WITHINGTON ROAD
CITY-ST-ZIP SCARSDALE, NY 10583

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

DAVID S. KLEGER

4-8-04

Date

212 586 6756

Daytime Phone #