2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # FOOOO			-	ļ				27.1	PAGE 10
1. Entity Name KN ROUND ROCK CORP.							F	TILE	
Principal Place of Business		Mailing Address					O1 APR	2 17 PI	1:16
7/0 JAY FELNER 182 LIVE OAK BLVD. ELRAY BEACH FL 33445	C/(418	O JAY FELNER 82 LIVE OAK BLVD. LRAY BEACH FL 33445	;					ARY OF : SSEE, F	
2. Principal Place of Business	3.	Mailing Address							
Suite, Apt. #, etc.	- -	Suite, Apt, #, etc.		-		DO NOT	VRITE IN TH	IS SPACE	
City & State		City & State			4. FEI Number 36-	リスレ	4101	/	Applied For
Zip Country	7	Zip	Country		5. Certificate of			\$8.75	
6. Name and Address of Curr	ent Regist	tered Agent			7. Name and Ad	dress of Ne	w Registers	Fee Requ d Agent	ired
1200 CULTH DINE IO AND DOAD		well	Street	Address (PK	2gBox Number (t	Not Accept		V BI	u~d
GNATURE	nt for the po		s registered office			CAC	Florida.	L Zioce	Z°445
PLANTATION FL 33324 The above named entity submits this statement GNATURE Signature, typed or printed name of registered extension is eligible to satisfy its Intang Tax filling requirement and elects to do so. (See criteria on back)	perk and libe if	FILE NOW! After MAY 1, 20 Make Check Payat	E Registered office III FEE IS \$150 Out Fee will be to Departme	nature required who 0.00 \$550.00 ant of State	10. Election	n Campaign und Contribu	Florida. DATE Financing stion.	\$5.	00 May Be
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The above named entity submits this statemer GNATURE Signature. Typed or printed name of registered ex This corporation is eligible to satisfy its Intang Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AI LE WAGNER, NATHAN 600 CENTRAL AVE., SUITE 36 HIGHLAND PARK IL 60035 EXCHWARTZBERG, ALBERT 50 MAIN STREET, SUITE 435 WHITE PLAINS NY 10608 EXCO GOLDMAN, ROBERT U 600 CENTRAL AVE., SUITE 36 HIGHLAND PARK IL 60035 EXCO GOLDMAN, ROBERT U 600 CENTRAL AVE., SUITE 36 HIGHLAND PARK IL 60035 EXCO FELNER, JAY 4182 LIVE OAK BLVD.	perk and title in ible III III III III III III III III III I	FILE NOW! After MAY 1, 20 Make Check Payat TORS Delete	IE Registered office III FEE IS \$150 I	0.00 \$550.00 ent of State	10. Election	n Campaign und Contribu	Florida. DATE Financing stion.	S5. Adde NO DIRECTOR Change	RS IN 11 Addition Addition

HHachment HOOLIGE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes,	,
the undersigned corporation organized under the laws of the State of Nevada	
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: KN Round Rock Corp.	_
	<u>.</u>
2. The mailing address of the corporation: 600 Central Avenue, Suite 365	-
Highland Park, IL 60035-3257	-
3. Date of incorporation/qualification: 1-20-00 Document number: F0000000356	
4. The name and address of the current registered agent and office:	تنب دفيوچ، ۱۹۰۰ په دايې خا ست
CT Corporation	
1200 South Pine Island Road	
Plantation. FL 33324 5. The name and address of the new registered agent (if changed) and/or registered office (if changed):	
(P. O. Box Not Acceptable)	
Jay Felner	
4182 Live Oak Blvd.	
Delray Beach, FL 33445	
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.	
(Sheff) 21-30-00	
(Signature of an officer, chairman or vice chairman of the board) (Date)	
Robert U. Goldman, Secretary/Vice President (Printed or typed name and title)	•
Having been named as registered agent and to accept service of process for the above stated corporation. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.	
performance of my duties, and I am familiar with and accept the obligation of my position of my	
(Date)	
If signing on behalf of an entity:	1
(Typed or Printed Name) (Capacity)	'
* * * FILING FEE: \$35.00 * * *	
:R2E045(9/(X))	
DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314	