

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F00000000356

1. Entity Name

KN ROUND ROCK CORP.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR -6 PM 5:18

Principal Place of Business

C/O JAY FELNER
4182 LIVE OAK BLVD
DELRAY BEACH FL 33445

Mailing Address

C/O JAY FELNER
4182 LIVE OAK BLVD
DELRAY BEACH FL 33445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4341016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELNER, JAY
4182 LIVE OAK BLVD.
DELRAY BEACH FL 33445

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 PT ☐ Delete
NAME WAGNER, NATHAN
STREET ADDRESS 600 CENTRAL AVE., SUITE 365
CITY-ST-ZIP HIGHLAND PARK IL 60035

TITLE VD ☐ Delete
NAME SCHWARTZBERG, ALBERT
STREET ADDRESS ~~50 MAIN STREET, SUITE 435~~
CITY-ST-ZIP WHITE PLAINS NY ~~10600~~

TITLE S DV ☐ Delete
NAME GOLDMAN, ROBERT U
STREET ADDRESS 600 CENTRAL AVE., SUITE 365
CITY-ST-ZIP HIGHLAND PARK IL 60035

TITLE VD ☐ Delete
NAME FELNER, JAY
STREET ADDRESS 4182 LIVE OAK BLVD.
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE D ☐ Delete
NAME WAXMAN, CHARLES
STREET ADDRESS 1695 LAKE COOK ROAD, APT. 229
CITY-ST-ZIP HIGHLAND PARK IL 60035

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 100032759391
STREET ADDRESS 04/14/04--01060--002 **150.00
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 44 South Broadway, Suite 614
CITY-ST-ZIP 10601

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

Robert U. Goldman

3/22/2004

Date

(847) 432-3666

Daytime Phone #

4/7