

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90056 030 ***550.00

DOCUMENT # F01000003908

1. Entity Name
KT INDUSTRIES, INC.

Principal Place of Business

**3925 ARDMORE AVENUE
 FORT WAYNE IN 46802**

Mailing Address

**3925 ARDMORE AVENUE
 FORT WAYNE IN 46802**

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 **35-1639711**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'CONNOR, LAWRENCE J
 302 B-1521 TAMiami TRAIL SOUTH
 VENICE FL 34292**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$550.00
 After September 13, 2002 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
 NAME **O'CONNOR, LAWRENCE J**
 STREET ADDRESS **302 B-1521 TAMiami TRAIL SOUTH**
 CITY-ST-ZIP **VENICE FL**

TITLE **SD** ☒ Change ☐ Addition
 NAME **O'CONNOR, LAWRENCE J**
 STREET ADDRESS **302 B-1521 TAMiami TRAIL SOUTH**
 CITY-ST-ZIP **VENICE, FL 34292**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
 NAME **ROBERT KRAL 530 Sheppard St.**
 STREET ADDRESS **130 WALL STREET** **A35 2A9**
 CITY-ST-ZIP **WINNIPEG, MANITOBA CANADA R2X2P6**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
 NAME **MARK MATTHEWSON**
 STREET ADDRESS **530 Sheppard St.**
 CITY-ST-ZIP **130 WALL STREET** **A35 2A9**
WINNIPEG, MANITOBA CANADA R2X2P6

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julie 11/02 782-3274
 Date Daytime Phone #

CR2E034 (4/02)