## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000005495

Entity Name: KMC MANAGEMENT COMPANY, INC.

FILED Apr 26, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3911 CONCORD PIKE 3911 CONCORD PIKE P.O. BOX 7812 WILMINGTON, DE 19810 WILMINGTON, DE 19803 **New Mailing Address: Current Mailing Address:** P.O. BOX 7812 P.O. BOX 276095 WILMINGTON, DE 19803 BOCA RATON, FL 33427 FEI Number: 51-0381898 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATE SERVICES, INC. 537 EAST PARK AVENUE TALLAHASSEE, FL 32301 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition BARR, JOHN G BARR, JOHN G Name: Name: 3911 CONCORD PIKE, SUITE 7812 3911 CONCORD PIKE Address: Address: City-St-Zip: WILMINGTON, DE 19803 City-St-Zip: WILMINGTON, DE 19810 Title: Title: (X) Delete () Change () Addition Name: LIPSCOMB, STEPHEN G Name: 3911 CONCORD PIKE, SUITE 7812 Address: Address: WILMINGTON, DE 19803 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition IOANNOU, ANDREW J Name: Name: 3911 CONCORD PIKE, SUITE 7812 Address: Address: WILMINGTON, DE 19803 City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition GILLESPIE, HÉRBERT J Name: Name: Address: 3911 CONCORD PIKE, SUITE 7812 Address: City-St-Zip: WILMINGTON, DE City-St-Zip: Title: (X) Delete Title: () Change () Addition MULLEN, CHERYL L Name: Name: 3911 CONCORD PIKE, SUITE 7812 Address: Address: City-St-Zip: WILMINGTON, DE City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN G. BARR CD 04/26/2006