

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000005495

FILED
Jan 23, 2003
Secretary of State

Entity Name: KMC MANAGEMENT COMPANY, INC.

Current Principal Place of Business:

3600 SILVERSIDE ROAD
P.O. BOX 7812
WILMINGTON, DE 19803

Current Mailing Address:

P.O. BOX 276095
BOCA RATON, FL 33426

New Principal Place of Business:

3911 CONCORD PIKE
P.O. BOX 7812
WILMINGTON, DE 19803

New Mailing Address:

P.O. BOX 276095
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:

CORPORATE SERVICES, INC.
537 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Title: CD () Delete
Name: BARR, JOHN G
Address: 5305 LIMESTONE ROAD, SUITE 200
City-St-Zip: WILMINGTON, DE 19808

Title: D () Delete
Name: GILLESPIE, HERBERT
Address: 5305 LIMESTONE ROAD, SUITE 200
City-St-Zip: WILMINGTON, DE 19808

Title: D () Delete
Name: LIPSCOMB, STEPHEN
Address: 5305 LIMESTONE ROAD, SUITE 200
City-St-Zip: WILMINGTON, DE 19808

Title: D () Delete
Name: ROMANO, PETER J
Address: 5305 LIMESTONE ROAD, SUITE 200
City-St-Zip: WILMINGTON, DE 19808

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MULLEN, CHERYL L
Address: 1700 SOUTH DIXIE HWY, STE. 500
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the 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 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

01/23/2003

Electronic Signature of Signing Officer or Director

Date