

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91046 014 \*\*\*150.00

DOCUMENT # F02000004684

1. Entity Name  
**KBF ACQUISITION CORP.**

**Kathryn Beich, Inc.**

Principal Place of Business  
2 ACCESS WAY  
BLOOMINGTON IL 61704

Mailing Address  
2 ACCESS WAY  
BLOOMINGTON IL 61704

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 05-0528175

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BAGIN, DOUGLAS  
CITY-ST-ZIP 7 RUNNING TIDE ROAD  
CAPE ELIZABETH ME 04107

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

TITLE ☐ Delete  
NAME SVD  
STREET ADDRESS HENRY, GEORGE  
CITY-ST-ZIP 15 W. 64TH STREET, APT. 2A  
NEW YORK NY 10023

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

TITLE ☐ Delete  
NAME DVT  
STREET ADDRESS LEE, MICHAEL  
CITY-ST-ZIP 20 E 22ND STREET, APT. 3D  
NEW YORK NY 10010

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HALL, WILLIAM A  
CITY-ST-ZIP 75-171 PEPPERWOOD DRIVE  
INDIAN WELLS CA 92210

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

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS HOLZWORTH, MICHAEL  
CITY-ST-ZIP 7 CURRIE COURT  
BLOOMINGTON IL 61704

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

TITLE ☐ Delete  
NAME DV  
STREET ADDRESS RICHARDSON, RICK  
CITY-ST-ZIP 928 WEST AUSTIN DRIVE  
PEORIA IL 61614

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

Date

Daytime Phone #

**309 -**  
**823-9632**  
**Rick Richardson 3/31/03**

CR2E034 (10/02)