2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 30, 2004 8:00 am Secretary of State DOCUMENT # F9400006384 1. Entity Name 04-30-2004 90313 036 ***150.00 KCH ACQUISITION, INC. Principal Place of Business Mailing Address 3333 NEW HYDE PARK ROAD KIMCO REALTY CORP., SUITE 100 NEW HYDE PARK NY 11042 P.O. BOX 5020 NEW HYDE PK NY 11042 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 11-3238575 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition FLYNN, MIKE NAME ** NAME STREET ADDRESS 3333 NEW HYDE PARK RD., P.O BOX 5020 STREET ADDRESS CITY-ST-ZIP NEW HYDE PK,R NY CITY - ST - 7IP CFO TITLE Delete TITLE Change ☐ Addition PAPPAGALLO, MIKE NAME NAME STREET ADDRESS 3333 NEW HYDE PK, RD, 100 STREET ADDRESS CITY-ST-ZIF **NEW HYDE PARK NY 11042** CITY-ST-ZIP TITLE TITLE Change Delete ☐ Addition NAME KAUDÉRER, BRUCE NAME STREET ADDRESS 3333 NEW HYDE PK RD. 100 STREET ADDRESS CITY-ST-ZIP NEW HYDE PK NY 11042 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition COOPER, MILTON NAME NAME STREET ADDRESS 3333 NEW HYDE PK. RD. 100 STREET ADDRESS NEW HYDE PARK NY 11042 CITY-ST-7IP CITY-ST-ZIP Delete TITLE michael schindler - UP TITLE ☐ Change COHEN, GLENN NAME NAME 3333 NEW HYDE PK.RD. 100 STREET ADDRESS STREET ADDRESS Some abless NEW HYDE PARK NY 11042 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition YARMAK, JOEL I NAME NAME 3333 NEW HYDE PK. RD. 100 STREET ADDRESS STREET ADDRESS NEW HYDE PK NY 11042 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.

FILED

Daytime Phone #