

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90058 015 ***150.00

DOCUMENT # F95000002037

1. Entity Name
KIMCO REALTY CORPORATION

Principal Place of Business Mailing Address
 P.O. BOX 5020 P.O. BOX 5020
 NEW HYDE PARK NY 11042-0020 NEW HYDE PARK NY 11042-0020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

3333 New Hyde Park Rd. Suite, Apt. #, etc.
SUITE 100 Suite, Apt. #, etc.

City & State City & State

New Hyde Park, NY City & State
 Zip Country Zip Country
11042 **US**

4. FEI Number Applied For
13-2744380 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.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	FLYNN, MIKE	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	T	<input type="checkbox"/> Delete
NAME	PAPPAGALLO, MIKE	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	S	<input type="checkbox"/> Delete
NAME	KAUDERER, BRUCE	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	CD	<input type="checkbox"/> Delete
NAME	COOPER, MILTON P	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIMMEL, MARTIN	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOOLEY, RICHARD M	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	✓	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	✓	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yarmak, Joel I.	
STREET ADDRESS	← Same	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glenn Cohen	
STREET ADDRESS	Same	
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: _____ **Joel I. Yarmak** Date: **4/26/01** Daytime Phone #: **(516) 869-9000**

CR2E034 (10/00)