

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90133 028 \*\*\*150.00

B0005823



DO NOT WRITE IN THIS SPACE

DOCUMENT # F96000001356

1. Entity Name  
**KINROSS CORPORATION OF MARYLAND**

Principal Place of Business P.O. BOX 740 BOKEELIA FL 33922	Mailing Address P.O. BOX 740 BOKEELIA FL 33922-0740
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>P.O. BOX 740</b>
City & State <b>BOKEELIA, FLA</b>	Suite, Apt. #, etc.

City & State <b>BOKEELIA, FLA</b>	4. FEI Number <b>52-1187148</b>	Applied For... <input type="checkbox"/> Not Applicable
Zip <b>33922</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**MILNE, ANDREW C**  
~~7070 BELLA BIRTA LANE~~  
**BOKEELIA FL 33922**  
*CAPTAIN HARBOUR UNIT #1103 DRIVE*

7. Name and Address of New Registered Agent

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 (NOTE: Registered Agent signature required when reinstating) DATE **1/15/00**

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, 2000 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 <b>PD</b>	NAME <b>CHRISTIAN, DIANNE M</b>	TITLE	NAME
STREET ADDRESS <b>11981 LEXINGTON DRIVE</b>	CITY-ST-ZIP <b>DUNKIRK MD</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE <b>STD</b>	NAME <b>GILMORE JR, JOHN D</b>	TITLE	NAME
STREET ADDRESS <b>4061 POWDER MILL ROAD SUITE 300</b>	CITY-ST-ZIP <b>CALVERTON MD</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE <b>AS</b>	NAME <b>STRAUS, JUSTINE A</b>	TITLE	NAME
STREET ADDRESS <b>11785 BELTSVILLE DRIVE, 10TH FLOOR</b>	CITY-ST-ZIP <b>CALVERTON MD</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE <b>CD</b>	NAME <b>MILNE, ANDREW C</b>	TITLE	NAME
STREET ADDRESS <del>7070 BELLA BIRTA LANE</del> <b>BOKEELIA FL</b>	CITY-ST-ZIP <b>BOKEELIA FL</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	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:

CFR2E034 (9/99)