2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State
02-07-2005 90072 041 ***158.75

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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

100114000

01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1187148

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILNE, ANDREW C
CAPTAIN HARBOR DRIVE UNIT #8785
#1103
BOKEELIA, FL 33922

DO NOT WRITE IN THIS SPACE

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: 1/28/05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHRISTIAN, DIANNE M
STREET ADDRESS	11881 LEXINGTON DRIVE 260 So. REYNOLDS ST UNIT 1103
CITY-ST-ZIP	DUNKIRK, MD ALEXANDRIA, VA, 22304
TITLE	AS
NAME	STRAUS, JUSTINE A
STREET ADDRESS	11785 BELTSVILLE DRIVE, 10TH FLOOR
CITY-ST-ZIP	CALVERTON, MD
TITLE	CD
NAME	MILNE, ANDREW C
STREET ADDRESS	CAPTAIN HARBOR DRIVE # 1103
CITY-ST-ZIP	BOKEELIA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 1/28/05 239-283-0778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #