2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 08:00 AM Secretary of State DOCUMENT # F96000003496 1. Entity Name KITE PROPERTIES, INC. Principal Place of Business Mailing Address 30 SOUTH METICIAN STITLET 30 SOUTHMENDANSTREET STE1100 STE 1100 INDIANAPOLIS IN 46204 INDIANAPOLIS IN 46204 04132004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 35-1779428 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS TITLE KITE, JOHN A NAME U00000118487 30 SOUTH MERIDIAN STREET STE 1100 STREET ADDRESS 04/19/04-80061-021 15D.OO CITY-ST-ZIP INDIANAPOLIS, IN 46204 TITLE NAME KITE, PAUL W 30 SOUTH MERIDAN STREET STE 1100 STREET ADDRESS CITY-ST-ZIP INDIANAPOLIS, IN 46204 CEO TITLE KITE, ALVIN E NAME STREET ADDRESS 30 SOUTH MERIDIAN STREET 1100 DO NOT WRITE INDIANAPOLIS, IN 46204 CITY - ST - ZtP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.



STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME

President

N-13-04

317-517-5600