


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # F96000003496

1. Entity Name
KITE PROPERTIES, INC.



Principal Place of Business 30 SOUTH MERIDIAN STREET STE 1100 INDIANAPOLIS, IN 46204	Mailing Address 30 SOUTH MERIDIAN STREET STE 1100 INDIANAPOLIS, IN 46204
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DO NOT WRITE IN THIS SPACE



03242008 No Chg-P CR2E034 (11/05)

4. FEI Number 35-1779428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

100000382461
 04/16/08-80042-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KITE, JOHN A 30 SOUTH MERIDIAN STREET STE 1100 INDIANAPOLIS, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KITE, PAUL W 30 SOUTH MERIDIAN STREET STE 1100 INDIANAPOLIS, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KITE, ALVIN E 30 SOUTH MERIDIAN STREET 1100 INDIANAPOLIS, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Daniel R. Sink* **DANIEL R. SINK** 317-577-560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #