CR2E034 (9/01)

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 2

## Feb 04, 2002 8:00 am F99000004143 DOCUMENT # **Secretary of State** 1. Entity Name 02-04-2002 90026 031 \*\*\*150.00 KLD ASSOCIATES, INC. Mailing Address Principal Place of Business 300 BROADWAY 300 BROADWAY **HUNTINGTON STATION NY 11746 HUNTINGTON STATION NY 11746** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 11-2233459 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CRUTCHFIELD, JAMES DR. Street Address (P.O. Box Number is Not Acceptable) 1020 PINEHURST COURT **OVIEDO FL 32765** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change TITLE ☐ Delete TITLE LIEBERMAN, EDWARD NAME NAME STREET ADDRESS 300 BROADWAY STREET ADDRESS CITY-ST-ZIP **HUNTINGTON STATION NY 11746** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE THILE NAME LANDSMAN, ROCHELLE NAME STREET ADDRESS STREET ADDRESS 300 BROADWAY CITY-ST-ZIP **HUNTINGTON STATION NY 11746** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME ANDREWS, BARBARA NAME STREET ADDRESS STREET ADDRESS 300 BROADWAY **HUNTINGTON STATION NY 11746** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME **GOLDBLATT, REUBEN** STREET ADDRESS STREET ADDRESS 300 BROADWAY CITY-ST-ZIP **HUNTINGTON STATION NY 11746** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME YEDLIN, MARK STREET ADDRESS STREET ADDRESS 300 BROADWAY **HUNTINGTON STATION NY 11746** CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.