



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90018 017 ***158.75

DOCUMENT # F99000004143 1. Entity Name KLD ASSOCIATES, INC.					
Principal Place of Business XXXXXXXXXX 300 BROADWAY HUNTINGTON STATION NY 11746			Mailing Address XXXXXXXXXX 300 BROADWAY HUNTINGTON STATION NY 11746		
2. Principal Place of Business 47 Mall Drive, Suite 8 Suite, Apt. #, etc.		3. Mailing Address 47 Mall Drive, Suite 8 Suite, Apt. #, etc.			
City & State Commack, NY		City & State Commack, NY		4. FEI Number 11-2233459	
Zip 11725-5717		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRUTCHFIELD, JAMES DR. 1020 PINEHURST COURT OVIEDO, FL 32765				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. 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, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P/T LIEBERMAN, EDWARD 300 BROADWAY HUNTINGTON STATION, NY 11746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 47 MALL DRIVE, SUITE 8 COMMACK, NY 11725-5717	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S LANDSMAN, ROCHELLE 300 BROADWAY HUNTINGTON STATION, NY 11746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 47 MALL DRIVE, SUITE 8 COMMACK, NY 11725-5717	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ANDREWS, BARBARA 300 BROADWAY HUNTINGTON STATION, NY 11746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 47 MALL DRIVE, SUITE 8 COMMACK, NY 11725-5717	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GOLDBLATT, REUBEN 300 BROADWAY HUNTINGTON STATION, NY 11746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 47 MALL DRIVE, SUITE 8 COMMACK, NY 11725-5717	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D YEDLIN, MARK 300 BROADWAY HUNTINGTON STATION, NY 11746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 47 MALL DRIVE, SUITE 8 COMMACK, NY 11725-5717	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Rochelle Landsman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Rochelle Landsman Date 1/16/04 Daytime Phone # (631) 543-6500		