

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90079 004 ***158.75

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1. Entity Name
KLD ASSOCIATES, INC.



Principal Place of Business
**47 MALL DRIVE STE 8
COMMACK, NY 11725**

Mailing Address
**47 MALL DRIVE STE 8
COMMACK, NY 11725**

40103440



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number
11-2233459

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRUTCHFIELD, JAMES DR.
1020 PINEHURST COURT
OVIEDO, FL 32765**

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City
Tallahassee

FL

Zip Code
32301

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: *Ann R. Shilling*
Signature, typed or printed name of registered agent or title if applicable.

Ann R. Shilling
(NOTE: Registered Agent signature required when reinstating)

4-26-07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P/T
LIEBERMAN, EDWARD ☒ Delete
STREET ADDRESS
47 MALL DRIVE STE 8
CITY-ST-ZIP
COMMACK, NY 11725

TITLE
NAME
P/T
Mark Yedlin ☒ Change ☐ Addition
STREET ADDRESS
47 Mall Drive, Suite 8
CITY-ST-ZIP
Commack, NY 11725

TITLE
NAME
S
LANDSMAN, ROCHELLE ☐ Delete
STREET ADDRESS
47 MALL DRIVE STE 8
CITY-ST-ZIP
COMMACK, NY 11725

TITLE
NAME
Exec. VP
William R. McShane ☐ Change ☒ Addition
STREET ADDRESS
47 Mall Drive, Suite 8
CITY-ST-ZIP
Commack, NY 11725

TITLE
NAME
D
ANDREWS, BARBARA ☐ Delete
STREET ADDRESS
47 MALL DRIVE STE 8
CITY-ST-ZIP
COMMACK, NY 11725

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
D
GOLDBLATT, REUBEN ☐ Delete
STREET ADDRESS
47 MALL DRIVE STE 8
CITY-ST-ZIP
COMMACK, NY 11725

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
D
YEDLIN, MARK ☒ Delete
STREET ADDRESS
47 MALL DRIVE STE 8
CITY-ST-ZIP
COMMACK, NY 11725

TITLE
NAME
VP
Edward Lieberman ☒ Change ☐ Addition
STREET ADDRESS
47 Mall Drive, Suite 8
CITY-ST-ZIP
Commack, NY 11725

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: *Rochelle Landsman* **ROCHELLE LANDSMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07
Date

621-543-6500
Daytime Phone #