

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # M98000001442

1. Entity Name
KMC FINANCIAL SERVICES LLC

00 MAY -9 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
C/O THE CORPORATION TRUST COMPANY C/O THE CORPORATION TRUST COMPANY
1209 ORANGE STREET 1209 ORANGE STREET
WILMINGTON DE 19801 WILMINGTON DE 19801-1120



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		22-3617465		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM		Name	
1200 SOUTH PINE ISLAND ROAD		Street Address (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324		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.

SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$50.00			
Make Check Payable to Department of State			

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE	TITLE	TITLE	TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY- ST- ZIP	CITY- ST- ZIP	CITY- ST- ZIP	CITY- ST- ZIP
MGRM KAMINE, HAROLD N			
1545 ROUTE 206, SUITE 300			
BEDMINSTER NJ 07921			

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:	4/25/00 (908) 470-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER	Date Daytime Phone #

CR2E083 (9/99)