

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90160 035 ****61.25

DOCUMENT # N97000002089

1. Entity Name

THE KALTENBACHER FAMILY FOUNDATION, INC.

Principal Place of Business

101 EISENHOWER PARK
 ROSELANDON NJ 07068

Mailing Address

101 EISENHOWER PARK
 ROSELANDON NJ 07068

2. Principal Place of Business

101 EISENHOWER Parkway

3. Mailing Address

101 EISENHOWER Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ROSELAND, NJ

City & State

ROSELAND, NJ

4. FEI Number

65-0745595

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

C T CORPORATION
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	KALTENBACHER, PHILIP D	
STREET ADDRESS	1083 WESTWAY DRIVE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	ROSS, LAURA K	
STREET ADDRESS	120 EAST 87TH STREET	
CITY-ST-ZIP	NEW YORK NY-10128	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	KURZ, GAIL K	
STREET ADDRESS	MILLER ROAD	
CITY-ST-ZIP	NEW VERONNJ NJ 07976	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, 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: *GAIL KURZ* PRESIDENT / GAIL KURZ, DVT 7/10/02 973-226-4551

CR2E037 (4/02)