2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2008 08:00 A Secretary of State

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DOCUMENT # P41118 1. Enlity Name KT MANAGEMENT CORP.				Secretary of S			
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, ·	ce of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	7			
9601 WILSH	ENNEDY WILSON PROPERTIES, LTD 501 WILSHIRE BLVD, SUITE 220 EVERLY HILLS, CA 90-2100 EVERLY HILLS, CA 90-2100 EVERLY HILLS, CA 90-2100 EVERLY HILLS, CA 90-2100		220				
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-[OO NOT WRITE	CF.	01042008		CR2E034	· · · · · · · · · · · · · · · · · · ·	
			-	4. FEI Numb			Applied For Not Applicable
,	, .			5. Certificat	e of Status Desired		3.75 Additional e Required
8. Name and Address of Current Registered Agent							
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				ς'	NOT W		
				114		AUL	ı
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						 _	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution.		5.00 May Be ded to Fees)O§89041	
10,	OFFICERS AND DIF	ECTORS			HAZZZZ (G	-000055=	003 758.75 .
TITLE NAME	CPT TSCHIRA, KLAUS						ł
STREET ADDRESS	MAX-PLANCK-STRASSE 8						ļ
CITY-ST-ZP	GERMANY,						1
TITLE NAME	V LOEWENTHAL, RONN						}
STREET ADDRESS	ONE EMBARCADERO CENTER						
CITY-ST-ZP	SAN FRANCISCO, CA 94111		1				
title Name							j
STREET ADORESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS				IN	THIS SF	PACE	
CITY-ST-ZIP			ł				,
TITLE NAME							

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ROUN LOCWIN (UC)
BIGMATURE AND TYPED OR PROVIDED HAME OF SIGNING OFFICER OR DIRECTOR

3/24/08 4154356606 Dece Degree Phone 8