

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90004 002 ***150.00

DOCUMENT # **P96000072766**

1. Corporation Name
KR MOBILE, INC.

Principal Place of Business

% COHEN, GERSHMAN & WAKIM, P.C.
2410 ALBANY AVENUE
WEST HARTFORD CT 06117

Mailing Address

% COHEN, GERSHMAN & WAKIM, P.C.
2410 ALBANY AVENUE
WEST HARTFORD CT 06117



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1996

4. FEI Number

65-0693987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 7000 W. Palmetto Park Rd.

Suite, Apt. #, etc.
22 408

City & State
23 Boca Raton, FL

Zip Country
24 33433 **25** USA

2a. Mailing Address

26 7000 W. Palmetto Park Rd.

Suite, Apt. #, etc.
27

City & State
28

Zip Country
29 **30**

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signatures required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **KONOVER, SIMON**
STREET ADDRESS **7000 WEST PALMETTO PARK ROAD STE 408**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **D** ☐ DELETE
NAME **ROSEN, JONATHAN P**
STREET ADDRESS **40 EAST 69TH STREET**
CITY-ST-ZIP **NEW YORK NY 10021**

TITLE **D** ☒ DELETE
NAME **STEINMARK, FRED P**
STREET ADDRESS **7000 WEST PALMETTO PARK ROAD STE 408**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **D** ☒ DELETE
NAME **ASHENFELTER, MARIA S**
STREET ADDRESS **7000 WEST PALMETTO PARK ROAD STE 408**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/C/P** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **D/VP** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **VP** ☐ Change ☒ Addition
3.2 NAME **Richard C. Liljedahl**
3.3 STREET ADDRESS **2410 Albany Avenue**
3.4 CITY-ST-ZIP **West Hartford, CT 06117**

4.1 TITLE **Secretary** ☐ Change ☒ Addition
4.2 NAME **James Wakim**
4.3 STREET ADDRESS **2410 Albany Avenue**
4.4 CITY-ST-ZIP **West Hartford, CT 06117**

5.1 TITLE **Assistant Secretary** ☐ Change ☒ Addition
5.2 NAME **Susan W. Vinhais**
5.3 STREET ADDRESS **2410 Albany Avenue**
5.4 CITY-ST-ZIP **West Hartford, CT 06117**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Richard C. Liljedahl, Vice President

3/25/99

(860) 232-4545

Date

Daytime Phone #

CR2E034 (11/98)