

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000030947

FILED
Jan 06, 2004
Secretary of State

Entity Name: APK HOLDING CORP.

Current Principal Place of Business:

C/O KISCO MANAGEMENT CORP
111 RADIO CIR
MOUNT KISCO, NY 10549 US

Current Mailing Address:

C/O KISCO MANAGEMENT CORP
111 RADIO CIR
MOUNT KISCO, NY 10549 US

FEI Number: 13-3999738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

C/O KISCO MANAGEMENT CORP
111 RADIO CIRCLE
MOUNT KISCO, NY 10549 US

New Mailing Address:

C/O KISCO MANAGEMENT CORP
111 RADIO CIRCLE
MOUNT KISCO, NY 10549 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: CAPONE, EILEEN M
Address: 111 RADIO CIR
City-St-Zip: MOUNT KISCO, NY 10549

Title: P () Delete
Name: KOHLBERG, ANDREW S
Address: 111 RADIO CIR
City-St-Zip: MOUNT KISCO, NY 10549

Title: VP () Delete
Name: BROWN, MITCHELL
Address: 111 RADIO CIR
City-St-Zip: MOUNT KISCO, NY 10549

Title: T () Delete
Name: FARLEY, WALTER W
Address: 111 RADIO CIR
City-St-Zip: MOUNT KISCO, NY 10549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: CAPONE, EILEEN M
Address: 111 RADIO CIRCLE
City-St-Zip: MOUNT KISCO, NY 10549

Title: P (X) Change () Addition
Name: KOHLBERG, ANDREW S
Address: 111 RADIO CIRCLE
City-St-Zip: MOUNT KISCO, NY 10549

Title: VP (X) Change () Addition
Name: BROWN, MITCHELL
Address: 111 RADIO CIRCLE
City-St-Zip: MOUNT KISCO, NY 10549

Title: T (X) Change () Addition
Name: FARLEY, WALTER W
Address: 111 RADIO CIRCLE
City-St-Zip: MOUNT KISCO, NY 10549

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EILEEN M CAPONE

DS

01/06/2004

Electronic Signature of Signing Officer or Director

_____ Date