

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000030947

Entity Name: APK HOLDING CORP.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

C/O KISCO SENIOR LIVING LLC
5790 FLEET ST STE 300
CARLSBAD, CA 92008 US

New Principal Place of Business:

Current Mailing Address:

C/O KISCO SENIOR LIVING LLC
5790 FLEET ST STE 300
CARLSBAD, CA 92008 US

New Mailing Address:

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

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 CIRCLE
City-St-Zip: MOUNT KISCO, NY 10549

Title: P () Delete
Name: KOHLBERG, ANDREW S
Address: 5790 FLEET ST STE 300
City-St-Zip: CARLSBAD, CA 92008

Title: VP () Delete
Name: BROWN, MITCHELL
Address: 5790 FLEET ST STE 300
City-St-Zip: CARLSBAD, CA 92008

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: FREEMAN, GILLIAN
Address: 5790 FLEET STREET SUITE 300
City-St-Zip: CARLSBAD, CA 92008

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HYNICK, KIMBERLY
Address: 5790 FLEET STREET SUITE 300
City-St-Zip: CARLSBAD, CA 92008

Title: AT () Change (X) Addition
Name: AUSTIN, BRECK L
Address: 5790 FLEET STREET SUITE 300
City-St-Zip: CARLSBAD, CA 92008

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BRECK AUSTIN

AT

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date