

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000000784

**Entity Name:** KCMi CAPITAL, INC.

**Current Principal Place of Business:**

501 KNOWLES AVENUE  
SOUTHAMPTON, PA 18966

**Current Mailing Address:**

501 KNOWLES AVENUE  
SOUTHAMPTON, PA 18966 US

**FEI Number:** 47-5156172

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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:** LINDSAY MAHONEY

02/09/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MARKIZON, KENNETH  
Address        501 KNOWLES AVENUE  
City-State-Zip: SOUTHAMPTON PA 18966

Title            DIRECTOR  
Name            STRONG, ROBERT T.  
Address        501 KNOWLES AVENUE  
City-State-Zip: SOUTHAMPTON PA 18966

Title            DIRECTOR, TREASURER  
Name            AUGUSTINE, JOHN J.  
Address        501 KNOWLES AVENUE  
City-State-Zip: SOUTHAMPTON PA 18966

Title            DIRECTOR  
Name            OTT, AIMEE K.  
Address        501 KNOWLES AVENUE  
City-State-Zip: SOUTHAMPTON PA 18966

Title            DIRECTOR  
Name            GONZALEZ, WILLIAM R.  
Address        501 KNOWLES AVENUE  
City-State-Zip: SOUTHAMPTON PA 18966

Title            DIRECTOR  
Name            PHILLIPS, ROBERT J.  
Address        501 KNOWLES AVENUE  
City-State-Zip: SOUTHAMPTON PA 18966

Title            DIRECTOR, SECRETARY  
Name            COLYER, DIANE J.  
Address        501 KNOWLES AVENUE  
City-State-Zip: SOUTHAMPTON PA 18966

Title            DIRECTOR  
Name            SANCHEZ, GERALDO A.  
Address        501 KNOWLES AVENUE  
City-State-Zip: SOUTHAMPTON PA 18966

*I hereby 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 all other like empowered.*

**SIGNATURE:** DIANE J. COLYER

**SECRETARY**

02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date