

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

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90133 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F97000004175**

1. Corporation Name
KADAMPANATTU CORP.



Principal Place of Business: 660 MADISON AVE., 10TH FL, NEW YORK NY 10022
 Mailing Address: 660 MADISON AVE., 10TH FL, NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/07/1997**

4. FEI Number: **13-3473856** 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
 2a. Mailing Address: 26
 Suite, Apt. #, etc.: 22
 City & State: 23
 Zip: 24 Country: 25
 Zip: 29 Country: 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, 85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PC	<input type="checkbox"/> DELETE	1.1 TITLE: PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MCCOWN, JOHN D		1.2 NAME: MCCOWN, JOHN D	
STREET ADDRESS: 500 PARK AVENUE, SUITE 540		1.3 STREET ADDRESS: 660 Madison Avenue, 10th Floor	
CITY-ST-ZIP: NEW YORK NY 10022		1.4 CITY-ST-ZIP: NEW YORK NY 10021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S	<input type="checkbox"/> DELETE	2.1 TITLE: S <i>v.p.</i>	
NAME: GOTIMER, WILLIAM G JR		2.2 NAME: GOTIMER, WILLIAM G JR	
STREET ADDRESS: 500 PARK AVENUE, SUITE 540		2.3 STREET ADDRESS: 660 MADISON AVENUE-NY, NY 10021	
CITY-ST-ZIP: NEW YORK NY 10022		2.4 CITY-ST-ZIP: 660 MADISON AVENUE-NY, NY 10021	
TITLE: D	<input type="checkbox"/> DELETE	3.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MCLEAN, MALCOLM P		3.2 NAME: MCLEAN, MALCOM P	
STREET ADDRESS: 500 PARK AVENUE, SUITE 540		3.3 STREET ADDRESS: 660 MADISON AVENUE, 10th Floor	
CITY-ST-ZIP: NEW YORK NY 10022		3.4 CITY-ST-ZIP: NEW YORK NY 10021	
TITLE: _____	<input type="checkbox"/> DELETE	4.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		4.2 NAME: _____	
STREET ADDRESS: _____		4.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		4.4 CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	5.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		5.2 NAME: _____	
STREET ADDRESS: _____		5.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		5.4 CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		6.2 NAME: _____	
STREET ADDRESS: _____		6.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		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: *William G. Gotimer* Date: *4/23/99* Daytime Phone #

CR2E034 (11/98)