2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000003303

1. Entity Name KONOVER PROPERTY TRUST, INC.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FILED May 01, 2007 08:00 A Secretary of State

3333 NEW H		3333 NEW HYDE PK R								
STE 100	K, NY 11042	STE 100 NEW HYDE PK, NY 11042					 	HIN Galpa ini		
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02132007	Chg-P	CR2E034	(12/06)		
City & State		City & State	City & State			er 9372			plied For t Applicable	
Zıp	Country Zip		Country		5. Certificate	of Status Desired		. 75 Addi Required		
	6. Name and Address of Currer	t Registered Agent				7. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY					Name					
1201 HAYS			Street Address		ress (P.O. Box Numb	(P.O. Box Number is Not Acceptable)				
77.22	000,10		City					Zip Code		
				City			FL			
8. 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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remarking) DATE										
9. Election Campaign Financing \$5.00 May Be										
FILI After Me	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550		_		\$5.00 May Be Added to Fees					
					. 25/7/21/0	CHANGES TO OFF	IOCOO AND DU	DECTOR		
10.	CFO OFFICERS AN	D DIRECTORS	11.		ADDITIONS	CHANGES TO UFF		Change	Addition	
TITLE NAME	PAPPAGALLO, MIKE		TITLE							
STREET ADDRESS				ET ADDRESS		U00000750446 05/18/07-80063-013 150				
CITY-ST-ZIP	NEW HYDE PK, NY 11042		CITY	-\$1-ZIP		00/10/01	00000 01	J 130,	00	
TITLE	VP	☐ Delete	TITLE	<u> </u>] Change	☐ Addition	
NAME	SCHINDLER, MICHAEL		NAM							
STREET ADDRESS CITY-ST-ZIP	3333 NEW HYDE PK RD NEW HYDE PK, NY 11042			ET ADORESS -S1-Zip						
	VP	□ P-1	TITLE] Change	Addition	
TITLE NAME	_ 5500		NAM				<u> </u>	, briange	Addition	
STREET ADDRESS	3333 NEW HYDE PK RD			ET ADDRESS						
CITY-ST-ZIP	NEW HYDE PK, NY 11042		CITY	-ST-ZIP						
TITLE	D	☐ Delete	TITLI	E			Ε,] Change	☐ Addition	
NAME	COOPER, MILTON		NAM	_						
STREET ADDRESS City-St-Zip	3333 NEW HYDE PK RD NEW HYDE PK, NY 11042			ET ADDRESS -ST-ZIP						
TITLE	MENTIDE PK, NT 11042	☐ Delete	TITLE] Change	Addition	
NAME		CT DEIGIE	NAM				L	, change		
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE	· ———	☐ Delete	TITLE] Change	Addition	
NAME			NAM							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -\$T-ZIP						
	partify that the information symplical w	th this films does not suctify t			tained in Chanter 11	9 Florida Statulas I	further certify:	that the in	formation	
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered										